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ABSTRACT

The Family Consultant Model (FCT) was designed to provide training to personnel serving infants and young children with disabilities and their families. This was accomplished through the replication of the FCT Model within local programs presently serving infants, toddlers and their families. Training in the FCT model was provided to administrators, early intervention specialists, paraeducators, early Head Start professionals, Healthy Start home visitors, health nurses and case managers serving or planning to serve infants and toddlers with disabilities and their families. The model used a module training design paired with a corresponding pre-training assessment tool (the Rating Scale of Early Intervention Practices) allowing for effective delivery of individualized training. Successful implementation of practices by 90 participants resulted in more family focused services for 1,200 young children and their families. The training of trainers was an integral part of the project design and allowed for cost effective dissemination of the model and a mechanism to ensure extended training beyond the life of the grant. The 22 trainers involved have completed formal second generation training for 90 participants and informal training for many more. This final report describes the project and its accomplishments and includes the following seven appendices: (1) Project Dissemination Materials and Activities; (2) Participant Training Materials--Sample; (3) Assessment Tool; (4) Summary of Participant Training Data and Feedback; (5) Summary of Follow-Up Data for Sites Trained; (6) Trainer Training Materials--Sample; and (7) Summary of Trainer Training Data and Feedback. (SG)

Grant Final Report

H024D60031

The Family Consultant Training Model

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II. Project Description

The Family Consultant Training (FCT) Model is designed to provide training to personnel providing services for infants and young children with disabilities and their families. The planned outcome of this project is an increased capacity for State and local service agencies to deliver improved services for children with disabilities (children birth through six) and their families, including minority children through access to high quality training for family consultants. The FCT Model is working to disseminate information, increase knowledge and improve skills in exemplary practices in early intervention services.

Project Objectives, Activities, and Expected Outcomes

The primary goal of the project is to increase quality services to young children and families receiving home-based early intervention services. We are working to enhance services by providing training and technical assistance to early intervention and early childhood special education professionals and paraprofessionals. Training efforts have been designed to emphasize the needs of children whose families reside in rural areas, as well as children from minority backgrounds.

OBJECTIVES

I. Dissemination of Project Materials.

- 1.0 To prepare and distribute awareness materials to educational and other agencies, including a project Homepage.
- 2.0 To participate in state, regional and national workshops and conferences.
- 3.0 To prepare and submit a journal article for submission.

II. Replication Through Training Early Intervention/Early Childhood Educators.

- 1.0 To provide replication training to early intervention, early childhood, related service and other personnel in the FCT Model.
- 2.0 To provide individualized technical assistance and follow up to project participants.
- 3.0 To update and/or develop training materials.

III. Develop and Support Locally Based Training Teams.

- 1.0 To design and develop trainer training competencies, activities, and evaluation measures for trainers.
- 2.0 To develop "training of trainers" materials.
- 3.0 To provide trainer training to identified training teams.
- 4.0 To provide ongoing technical assistance/support to selected sites to assist them in becoming independent trainers in FCT model practices.

IV. Evaluating Dissemination, Replication and Training Activities

- 1.0 To measure the impact of dissemination activities.
- 2.0 To measure the acquisition of **trainee's** skills during training.
- 3.0 To measure **trainee** satisfaction at the conclusion of training.
- 4.0 To measure the extent and quality of implementation of the FCT model practices.
- 5.0 To measure change in participant behavior prior to and following training.
- 6.0 To utilize a case study method to measure child progress, family satisfaction and to supplement effectiveness data.
- 7.0 To measure the effectiveness of locally based training teams.

III. PROJECT ACCOMPLISHMENTS

The following section will summarize our progress in accomplishment of the objectives of the project. The period for this grant final report is October 1- March 1, 2000. The following charts will present each project **goal**, with the specified **objectives and activities** for accomplishing the goal. Each will be followed by the **outcomes and accomplishments** for the project period.

Project Goal, Objectives, and Activities

Goal I. To disseminate project materials

The ultimate goal of dissemination activities is the stimulation of increased and improved services to infants and toddlers with disabilities, and their families, who are receiving early intervention services. This was accomplished through the dissemination of information and materials that enhanced knowledge about and interest in staff development (training) opportunities available through this outreach project.

Objective 1: To prepare and disseminate awareness materials.

A brochure that describes the FCT model was developed (**Appendix A**) and was disseminated at conferences and through the Teaching Research Early Childhood & Training Department's mailing list which contains approximately 2,000 names of early childhood and early childhood special education personnel. In addition, the brochure was mailed in response to personal contacts, written and phone inquiries.

Two articles (see **Appendix A** for sample) about the FCT project were printed in the quarterly newsletter published by the Teaching Research Early Childhood/Training Department. In addition to early childhood practitioners, the newsletter also is sent to SEA Part C coordinators as well as Region X Early Head Start programs

The project staff developed a Homepage for the World Wide Web (**Appendix A**). The Internet was used to provide awareness information about the project, as well as provide knowledge based

information and linkages to other early childhood and special education resources.

Objective 2: To participate in workshops and conferences.

During the project, yearly presentations were made at the Oregon Association for the Education of Young Children conference and the Division of Early Childhood of the council for Exceptional Children (DEC) (see **Appendix A**).

Objective 3: To prepare an article for journal publication.

An article describing the needs assessment has been developed by the project and is being submitted to several journals (**Appendix A**). **Figure 1** will provide a summary of Goal I.

Goal I: Dissemination of Project Materials – Summary of Project Accomplishments

Objective	Activity	Outcome	Accomplishments
1.0 To prepare and distribute awareness materials during workshops, conferences, personal contacts and in response to written inquiries.	<p>1.1 Develop and distribute FCT model brochures at conferences and workshops.</p> <p>1.2 Respond to all phone and written inquiries into the project with letter and brochure.</p> <p>1.3 Submit project information for publication in agency's Early Childhood Dept. newsletter.</p> <p>1.4 Utilize Internet, GTE-INS and LRP telecommunication systems to disseminate project information.</p> <p>1.5 Disseminate materials to early childhood research centers, ERIC, ERIC/CRESS and NEC*TAS.</p>	<p>1.1.1 List of all conferences and workshops at which awareness materials are disseminated.</p> <p>1.2.1 Log inquiries about the project and awareness materials sent.</p> <p>1.3.1 Material will be submitted quarterly.</p> <p>1.4.1 Report on number of inquiries generated from telecommunication supported awareness and number of visits/hits to FCT Homepage.</p> <p>1.5.1 Maintain record of materials sent and track responses.</p>	<p>1.1.1.1. Total of 100 brochures distributed at one state conference and through mailings.</p> <p>1.2.1.1. Awareness materials distributed at conferences and mailed and logged.</p> <p>1.3.1.1. Two articles published in TR Early Childhood Department newsletter. See sample in Appendix A.</p> <p>1.4.1.1. Home page complete. Software to record hits on site was installed.</p> <p>1.5.1.1. Some response from brochures but most of new site development a result of direct contact with part H(C) coordinators.</p>
2.0 To participate in at least 2 conferences on a state or regional basis (Year I) and at least one national conference (Year II and III).	<p>2.1 Submit presentation abstract highlighting the FCT model to a variety of state, regional and national conference organizers.</p> <p>2.2 Establish and maintain project presentation file.</p>	<p>2.1.1 List all workshop and conference presentations delivered on the FCT model.</p> <p>2.1.2 Analyze presentation evaluations for feedback to presenters.</p> <p>2.2.1 Modify subsequent presentations based on evaluation/feedback.</p>	<p>2.1.1.1.-2.2.1.1. Twelve State and national conferences have been completed. Presentation formats were modified throughout the project based on feedback received (Listing Appendix A).</p>
3.0 To prepare an article suitable for publication which will describe salient feature(s) of outreach activities.	<p>3.1 Review current literature.</p> <p>3.2 Compile project's and other trainers' data on results.</p> <p>3.3 Prepare and submit manuscript for publication.</p> <p>3.4 Develop on-line and text-only version of article for FCT Project Homepage and Internet dissemination.</p>	<p>3.1.1 - 3.3.1 Article will be prepared during Year III of the project.</p>	<p>3.1.1.1.-3.3.1.1. Article is prepared and has been submitted to several journals.</p>

Figure 1

Goal II. Replication Through Training Early Intervention Service Providers

Teaching Research made FCT model training available to individuals providing home-based early intervention services to infants and toddlers with disabilities and their families. Participants were selected in groups that comprised local teams. Participants were selected in teams in coordination with the state Part C coordinator to assure that staff had peer support in the implementation process and to insure or develop group of individuals to choose from who will be eligible for trainer training.

Objective 1: To update/develop outreach training materials.

Training materials were finalized to include 10 sections or modules, which are divided by objective. A copy of the table of contents and one sample module is included in **Appendix B** (other sections will be sent upon request). An Assessment tool (see **Appendix C**, Rating of Early Intervention Practices: REIP) was developed to ensure meaningful training for participants and to measure implementation of model components. The production and refinement of training materials was an on-going activity through-out the grant and was reflective of a formative data collection system.

Objective 2: To provide inservice training to early intervention providers who are recipients of the FCT model.

The FCT model had twelve initial training objectives. Some of these objectives were combined with others and several were expanded based on input from teams trained and follow-up provided to them. These objectives were reflected on the REIP, which was administered to participants and their supervisors before and after training. Training was delivered in response to training needs determined by the needs assessment process (REIP). The trainee's performance on each training objective was scored on the Objective Summary Form and recorded on an on-going basis. In addition to the trainees' performance during training, demographic information was captured at the

beginning of each training session and trainee satisfaction data was gathered at the end of each training session. All of the data collected during training was summarized, analyzed and reported. The project has provided training for teams in Medford, Oregon; Albany, Oregon; Fairbanks, Alaska; Lewiston, Idaho and Bayview, Idaho (total of 90 individuals trained). **Appendix D** summarizes agencies impacted, individuals trained and the training objectives completed by members of each team trained. More than 1000 children and families were impacted by the training provided. The evaluation section summarizes feedback and comments collected from training sessions.

Objective 3: To provide follow-up/technical assistance.

The second portion of the FCT model training involved follow-up/technical assistance to the trainees. These were individually tailored to best meet the needs of each training team. The format varied depending upon the needs identified by each team. Technical assistance activities included on-site mentoring visits by project staff, on-line forums or conference calls on specific topics, telephone contact or submission of a completed IFSP for project staff to review and return with feedback and suggestions. Follow-up activities have been completed in Medford, Oregon; Albany, Oregon; Fairbanks, Alaska; Bayview, Idaho and Lewiston, Idaho. The project staff found that many of the components such as use of curriculum based assessment, team function, transition and a family focused approach to working with families were system changes that did not occur immediately after the completion of training. In some instances, implementation at a quality level did not occur until two or two and one half years past the initial training session. Components that were more easily implemented and measured once initial training had been completed included more discrete teaching strategies such as routine based intervention, the use of positive touch as a way to encourage parent child interaction and teach communication and social skills and the mapping process for developing IFSPs or family plans. A summary of results is discussed in the evaluation section and in **Appendix E**. **Figure 2** will provide a summary of Goal II.

Goal II: Replication Through Training Early Intervention Service Providers – Summary of Project Accomplishments

OBJECTIVE	ACTIVITY	OUTCOME	Accomplishments
1.0 To update/develop outreach training materials.	<p>1.1 Review information gathered from pilot training, other similar EEPD training models, ODE Core Competency Project and professional literature.</p> <p>1.2 Compile training manual, lectures, and multi-media training materials.</p> <p>1.3 Review and modify materials following initial FCT sessions.</p>	1.1.1 - 1.3.1 All training materials will be ready for use by month 4 of Year I; modifications to occur on ongoing basis.	1.1.1.1.-1.3.1.1.1. Training manual developed. See appendix B and C.
2.0 To provide inservice training to 25 early intervention service providers in the FCT model during Year I.	<p>2.1 An estimated 75 EI service providers will participate in training sessions at the Teaching Research Early Childhood Department.</p> <p>2.2 Trainees will complete designated objectives.</p> <p>2.3 Trainees will evaluate their training experience.</p>	<p>2.1.1 A list will be maintained of the numbers, geographical locations, and number of children served by each trainee.</p> <p>2.2.1 The number of trainees meeting criterion levels of performance for each objective will be reported.</p> <p>2.3.1 Evaluation forms completed by each trainee will be summarized, analyzed and reported.</p>	2.1.1.1.-2.3.1.1.1. Teams from Albany, Oregon; Medford, Oregon; Fairbanks, Alaska; Bayview, Idaho; and Lewiston, Idaho have been completed including a total of 90 participants. See Appendix D for demographic summaries, training summaries and evaluation ratings of training.
3.0 To provide follow-up assistance to each individual following module training.	<p>3.1 Project staff will provide individualized assistance to each trainee during implementation efforts.</p> <p>3.2 Project staff will measure the presence and quality of FCT components implemented by each trainee.</p>	<p>3.1.1 Each participant will receive individualized follow-up assistance within 3 months of training.</p> <p>3.2.1 The number of FCT components replicated and those found at quality (criterion) levels will be reported.</p>	3.1.1.1. -3.2.1.1. Follow-up at various levels has been completed at all sites See Appendix E and evaluation section for follow-up summaries.

Figure 2

Goal III: Replication through training of second generation trainers.

The development and implementation of training for trainers is perhaps the most significant aspect of the project in terms of ensuring longevity of the training program. This goal addresses the preparation of the trainer program.

Objective 1: To design and develop the trainer/mentor training component.

The trainer component of this project provided the participants with the skills that they will need in order to train others in the FCT model. The trainer training session included the participant in activities on ways to develop, implement and evaluate training using the FCT materials. The trainer training component was developed using the processes and procedures from the Teaching Research Inservice Model (TRIM). Competencies, objectives, activities and materials, and evaluation strategies were developed for the trainer training session.

Objective 2: To package the training materials and content for dissemination to trainers.

The trainer materials drew upon a variety of resources to ensure the integrity and success of the local training. To ensure the integrity of the training those parts of the training that call for a great deal of **content expertise** were scripted by project staff, or in some cases the content information is presented by key project personnel through video tape presentations. Individuals who were trained as trainer/mentors were supplied with a trainer's manual containing all lectures, copies of overhead transparencies, role play and practica activity plans, and the opportunity to check out video tapes for training that will be conducted at their own site (**Appendix F** contains a sample section). The trainer's manual was set up in a manner that allows them to select sections that correspond to objectives that may be identified through the REIP. Two video tapes were developed on communication strategies and positive touch for infants, which support the training materials. Teaching Research has also established a video lending library for locally based trainers.

Objective 3: To provide replication training for locally based trainer/mentors.

The individuals identified to become trainers first completed training in the FCT model to obtain needed overview information on the content of the model. Training of trainers sessions were completed in Medford, Oregon and Arcata, California for 22 trainers. Many of the trainers selected had extensive experience in staff development and training and in some cases are part of regional training teams and indicated they had resources to complete ongoing training in FCT model.

These sessions provided the participants with the skills and knowledge necessary to become a second generation training site (see table of contents and sample of training of trainers participant manual in **Appendix F**). The 22 participants completed 100% of the series of trainer objectives that will enable them to train other persons at their site or in their region. Feedback for these individuals indicated that 90% of trainers intended to use what they had learned. See **Appendix G** for a listing of trainers completing training, objectives completed, trainer feedback and sample implementation plans.

Objective 4: To provide follow-up technical assistance to trainers.

Follow-up technical assistance and support is a vital feature of the proposed project. Technical assistance is viewed by the applicant as an ongoing process that is individualized to meet the specific needs of each training site. The amount and type of technical assistance and support to trainers was individually negotiated. Trainers were provided with training materials that could be duplicated, lectures and overhead transparencies, as well as access to the extensive video library at Teaching Research. The purpose of technical assistance was to assist the local trainers to develop their own onsite training systems. In working with individual sites, the project staff found that trainers tended to complete training one module at a time, often over several weeks or a month and then follow up on trained material prior to moving to another module. Based on this information we modified our training materials so that modules were stand alone and corresponded to training objectives. Trainers used the materials to train both parents and staff in their programs, modifying the material

as needed based on the information provided in the trainer training. To date the local trainers have completed training for 70 individuals across six objectives including, family systems, positive touch, routine based intervention, parent child interaction, communication and mapping. When surveyed, trainers indicated that they had plans to continue using the materials and information to provide training to their staff and to parents in their programs. Feedback from the trainers indicated that the trainer training improved their training capabilities by providing clear materials and instructions for designing and implementing training; planning time was reduced; their training skills were improved by the addition of skills in the area of adult learning requirements; and that the observation, feedback and follow-up system improved implementation of what they taught. **Figure 3** will provide a summary of Goal III.

Goal III: Replication Through Training Second Generation Trainers – Summary of Project Accomplishments

Objective	Activity	Outcome	Accomplishments
1.0 To design and develop trainer training component.	<p>1.1 Identify and develop competencies needed by the trainer to conduct the training.</p> <p>1.2 Develop the objectives for the trainer training session.</p> <p>1.3 Develop activities and materials for the training of trainers based on identified competencies and objectives.</p> <p>1.4 Develop evaluation measures for trainer training</p> <p>1.5 Develop the activities and measures for trainer follow-up.</p>	<p>1.1.1 - 1.4.1 Training program with competencies, objectives, activities and evaluation measures in place by the beginning of the second year.</p> <p>1.5.1 Technical assistance will be provided as needed for trainers</p>	<p>1.1.1.1. Competencies developed, objectives activities and evaluation completed. See Appendix F.</p>
2.0 To package the training materials and content for dissemination to trainer/mentors	<p>2.1 Develop activities and materials in package to include: manuals and written inform, lecture, support materials, videos and other media materials.</p> <p>2.2 Obtain expert review of prototype of training materials package.</p> <p>2.3 Revise packaging of trainer materials based in expert feedback.</p>	<p>2.1.1 - 2.3.1 Training materials will be packaged for distribution to second generation trainers.</p>	<p>2.1.1.1 - 2.2.1.1. Lecture materials are formatted, videos are developed.</p> <p>2.3.1.1 Trainer materials are packaged. See a sample of trainer materials in Appendix F.</p>
3.0 To provide replication training for locally based trainers	<p>3.1 Schedule trainer sessions.</p> <p>3.2 Recruit participants for trainer training session</p> <p>3.3 Conduct trainer training sessions</p>	<p>3.1.1 - 3.3.1.1 Training teams will be available for 70% of sites trained.</p>	<p>3.1.1.1. - 3.3.1.1 Twenty two individuals from Oregon and California completed trainer training. See Appendix G for a summary of trainer objectives and feedback</p>
4.0 To provide follow-up technical assistance to trainers	<p>4.1 Provide follow up technical assistance to trainers as individually negotiated.</p> <p>4.2 Collect second generation training and follow up data from trainers.</p>	<p>4.1.1 - 4.2.1 Trainers will conduct training sessions on FCT model at their sites.</p>	<p>4.1.1.1 - 4.2.1.1 Follow up completed with all sites in terms of providing materials and assistance in modifying training to fit specific needs of local trainees. Second generation trainers have completed second generation training for 70 individuals across a variety of objectives.</p>

Figure 3

Goal IV: Evaluating dissemination, replication and training activities.

The major goal of this project is to build the capacity of educational and other agencies to provide improved services to young children with disabilities, ages birth to three years, and their families through adoption and implementation of the Family Consultant Training Model on a nationwide basis.

The **design** of the project was built around dissemination of project materials through **training** of personnel in agencies that serve children with or at risk for disabilities. The project philosophy involved training groups of individuals in agencies rather than single trainees from a site to support implementation and institutionalizing of the practices being introduced. To further support participant buy in to the practices, an assessment of training needs was an important part of the plan for determining which training components to provide to each site. A second component of the design involved provision of **follow-up technical assistance** and support to participants. Follow-up can take the form of onsite visits, additional training, and sending of materials and phone contact. A third part of the project is preparation of **second generation trainers** or instructors to enable the project to continue after grant funding is completed.

Each of these features was considered during the evaluation of the project. Evaluation measures used included:

Levels of Evaluation	Types of Measures
I. Numbers benefiting from training	1.1 Numbers of trainees 1.2 Numbers of family members
II. Descriptive documents developed	2.1 Descriptions of trainees 2.2 Demographics
III. Satisfaction	3.1 Trainee's satisfaction with training 3.2 Parent satisfaction w/ trainees
IV. Change in Knowledge	4.1 % of trainees reaching set of competencies on model components 4.2 % of trainees reaching pre-post test criteria

	4.3 Trainees completing pre-post Brass Tacks or REIP
V. Level of Implementation	5.1 Implementation of components from follow-up implementation form 5.2 Action plan components implemented 5.3 Parents evaluation of home visitors (focus groups)
VI. Child change/caregiver implementation	6.1 Repeated AEPS 6.2 Case study approach 6.3 Levels of family involvement 6.4 Family focus

Figure 4

Data collected included both quantitative and qualitative aspects of the project. In addition, data was used as a formative tool in developing and modifying materials and procedures and as a summative tool to measure the success of the project in meeting identified goals and objectives.

Objective 1: To measure the impact of dissemination activities.

Awareness materials were disseminated at all conferences and workshops, as well as through national bulletin boards and the Internet. To evaluate the effectiveness of this strategy a listing of all conferences in which the FCT model is presented was kept. In addition the number of awareness materials and the type of materials (brochure, training objectives, handout packets, etc.) was maintained. It was determined that the most effective method of dissemination was through contact with Part C coordinators and State and local agency administrators.

Objective 2: To measure the acquisition of trainee's skills during training.

Each trainee participated in a series of training objectives during the course of a training session. These trainings were completed based on completion of the REIP, a needs assessment and inservice planning tool developed by the project. Outreach staff assumed responsibility for insuring that each participant successfully completed identified training modules the training program by monitoring formative data reflecting the development of participant skills during the training. Each of the training activities has an evaluation measure ranging from knowledge tests to direct observation of

performance with children. See **Appendix D** for a list of training objectives, activities and evaluation measures. The data collected are summarized as follows:

- 11 FCT training courses were conducted for 90 participants representing Idaho, Alaska, and Oregon.
- To project number of children impacted by the project, we collected information on the total number of families serviced by each participant. Where possible we eliminated double counting of families by not including numbers overseen by supervisors. A total of 923 families were served by participants.
- Demographic data indicates that the majority of individuals served were home visitors in early intervention and Early Head Start programs. The project also served public health nurses, case managers, program administrators, specialists including occupational, physical and speech therapists, and program assistants.
- Acquisition of skills during training: Participants were scored on their successful completion of each module. Of the ten modules available the 90 participants completed 60% of possible modules. Not all participants at each site completed each module since participation was determined by the REIP needs assessment. The modules that were completed by the greatest number of participants included the family systems module, communication and the mapping/IFSP process modules (these are considered basic information modules). The support module that was completed by the most trainees was the module on positive touch. Following is a summary of the percentage of participants completing each module and the percentage successfully completing each module:
 - Family Systems and Culture 83% participated, 100% completed successfully
 - Team Function 59%, participated, 100% completed successfully
 - Curriculum Based Assessment 39%, participated, 100% completed successfully

- Communication Skills 71%, participated, 100% completed successfully
- Mapping and IFSP/Family Plan Process 71%, participated, 100% completed successfully
- Routine Based Intervention 48%, participated, 100% completed successfully
- Parent Child Interaction 44%, participated, 100% completed successfully
- Positive Touch 67%, participated, 100% completed successfully
- Families with Multiple Issues 51%, participated, 100% completed successfully

Objective 3: To measure trainee's satisfaction at the conclusion of training.

At the conclusion of the training session, participants completed an evaluation form and reported their reactions to the training. Not only were the model concepts probed, but also the trainees' comments concerning the training techniques of feedback, video and the mechanics of training such as the scheduling, project staff promptness and availability for questions. Any consensus in these comments over several sessions was used as a basis for revision and/or refinement of the training materials or procedures. Overall, it was noted that 86% of the responses indicated that respondents intended to implement the component that they had completed and/or would try to convince others of the merits of the module contents. 5% indicated that they were familiar with the information already. In probing with project participants and reading written feedback, it was determined that for most of these participants, this was not considered a drawback. Indeed, comments such as "I was familiar with this information, but it was presented in a way that opened new possibilities for me", or "this was a good review, sometimes we know these things but forget to use them" occurred throughout the written feedback. It was also expected that there would be redundancy for some of the individuals since entire teams with a variety of skill levels were being trained. The project staff incorporated this feedback by making sure to determine the background of staff and include more experienced individuals and resources during the training activities (see **Appendix D** for a feedback summary. A sampling of comments regarding individual modules is included below:

What participants liked about the FCT modules:

- This was one of the best trainings I've had.
- All the information was helpful. I appreciated how very relevant all aspects of the training were. It was adapted to meet the needs of our early head start program.
- This was extremely relevant to our organization
- The family focus was so very respectful.
- The information was extremely practical and immediately useful
- Will use this to assist in collaborating with other agencies and supporting staff in general
- Focus on infants and family interactions and the importance of building family interactions critical

Will be teaching positive touch to families

Objective 4: To measure the extent and quality of implementation of the FCT model components.

Follow-up included both quantitative and qualitative information. Specific information on components implemented was collected as well as information from a sample of participants on post attitudes following training. As mentioned earlier, programs implementing components of the FCT model often did not show marked progress immediately since changes in systems were required for implementation. The project staff monitored some sites by phone up to two years later, to determine which components had been implemented. The disadvantage to this length of time elapsing was the difficulty in determining effectiveness of components. The advantage is that changes that take place over time tend to be more durable in nature, including both attitude and practice aspects. For each site the project completed an implementation plan post training. Initially, participants completed implementation plans for five or six modules at once. Although some sites eventually implemented most or all of the components at a quality level, in working with programs, the project staff found

that it was frustrating for participants to have too many new procedures to implement at once and later implementation plans prioritized several items to start with before moving on to additional components. Copies of several implementation plans are included in **Appendix E**. **The components that were most frequently implemented included family systems, team, assessment, positive touch.** A summary of the quantitative follow-up data collected is presented in **Appendix E**.

Objective 5: To utilize a quasi-case study method to supplement effectiveness data.

These qualitative data, derived from a case study approach was used to 1) judge the effectiveness of the training model and strategies for family intervention specialists, 2) revise or change the training approach, 3) explore benefits or other outcomes for families who have activities.

Questions

The key questions around which the quasi-case study approach is being designed are listed below:

- To what extent does the project enhance or affect the skills, attitudes, practices of the project participants?
- Are there differential effects of the project for the trainees based on intervention experience, past education and training, and entry level skills?
- What elements of the project are related to or contribute to the success of the project?
- How does the project affect the well being of children and families?

Effects of the project on the skills, attitudes, and practices of the participants. Two themes emerged as a result of interviews with program staff and pre/post evaluation of priority items for home visiting.

- 1) *Practices that are implemented are impacted by what the interventionist values.* A diverse group of individuals participated in the training process. Follow-up measures indicated that practices that were valued during the training workshop and at the pretraining level had a greater likelihood of implementation in the work setting. Interestingly, some ratings indicated that items participants believed were being fully implemented at the time of training were rated as partially implemented post training. Informal interviews with

individuals in the program indicate that this was a function of gaining more information on what constituted exemplary practice. The phenomenon was more common for individuals with less training and experience in home visiting.

- 2) *The lead agencies value of family focused service is not shared by all members of the home visiting team.* Even though policy making bodies and the contracting program advocate for a family focused service model, some of the individuals rated family involvement in goals as less than important. Over time, follow-up indicated more implementation of these types of goals reinforcing the idea of training teams of individuals rather than one or two individuals from an agency. All participants indicated that many of the practices related to the parent 's role in intervention increased in value for them over the course of training and follow-up activities.

The follow-up data (see **Appendix E**) indicates that participants incorporated new effective practices into their home visiting routines. It was found that the most difficult components for sites to implement were routines based intervention and solution focused practices to assist families to make decisions and prioritize needs. It was noted that these skills were most difficult to implement of individuals who either had a strong philosophical bias towards a "teacher student relationship with families" and to very new practitioners with low level entry skills. These techniques are considered higher level skills and were not implemented at all sites.

Differential effects of the project for the trainees based on intervention experience, past education and training and entry level skills. The follow-up evaluation completed by the project was not completed by individual trainee but by groups, so it was difficult to determine effects on individual participants. The project trained individuals with a wide variety of entry level skills at the same site and was able to determine that changes that were made were systematized, supporting the concept of training teams rather than individuals.

Effects of the project on children and families. Case study information was collected for the Medford site which was the initial site that received training. Several parent focus groups were completed. Fifteen parents were involved in the groups. A significant number of parents (>10) indicated that they felt they were an important part of the team that determined child and family activities. They indicated that they were given options in determining what the home visit would look like and what their role would be. An indication of the family focus of the program is that a number of families commented that they felt comfortable talking with their home visitor about a variety of issues and that they were able to get information to obtain services. Several individuals commented that they felt that their opinions were respected and valued and that the home visitor used their input in working with their child.

An area that appeared to be in progress was the implementation of routines during the home visit. Only about half of the parents surveyed indicated that their home visitor built activities into daily routines. A majority of parents surveyed about the purpose of the home visit (12) indicated that they felt the purpose of the home visit was to provide them with skills to help their child to learn better and to provide information about other services as needed. This question addressed the issue of parent training and whether home visitors were actually providing parents with skills or working directly with the child as an expert. The responses indicated that parents felt they were an active part of learning activities for their child rather than an observer. The case study was completed during the second year of the project. Anecdotal information from the Early Head Start supervisor indicates that in the past year her staff have improved their skills in building activities into the family routine.

Objective 6: To measure the effectiveness of regional training centers.

The project provided training for 22 trainers at two locations which serve a variety of agencies in the surrounding areas. The programs in Oregon were surveyed seven months after completing training and had completed multiple training sessions for a variety of individuals. The second site in

California had completed several cross agency trainings. Both programs indicated the intention to complete additional training since they had the support of materials, lectures, and the video library to draw on.

V. Evaluating Dissemination, Replication and Training Activities – Summary of Project Accomplishments

OBJECTIVES	ACTIVITIES	EVALUATION	Accomplishments
1. To measure the impact of dissemination activities.	1.1 List all conferences, workshops and where materials are disseminated. 1.2 Maintain source log of written, phone and on-line inquiries.	1.1.1 Report conferences and workshops where materials are disseminated. 1.2.1. Track type and number of materials disseminated. 1.3.1 Report the number and source of inquiries.	1.1.1.1. During the project presentations were made at twelve regional , state and national conferences. 1.2.1.1. -1.3.1.1. Record was maintained.
2. To measure the acquisition of trainee's skills during training.	2.1 Trainees will complete a series of training objectives.	2.1.1 The number of trainees meeting criterion levels on each objective will be reported.	2.1.1.1. 90 individuals were trained and met criterion on 100% of the objectives attempted.
3. To measure trainee satisfaction at the conclusion of training.	3.1 Trainees will complete an evaluation of training form.	3.1.1 Completed evaluation forms will be summarized and reported.	2.1.1.1. Of the 90 individuals completing the training modules, 86% rated the training as something they would implement.
4. To measure the extent and quality of implementation of the FCT model components.	4.1 Project staff will conduct follow-up visits to each trainee and measure both the presence and quality of key components implemented.	4.1.1 The number of components replicated and those present at criterion levels will be reported.	4.1.1.1. Follow-up were completed for all programs participating in training. More than 90% of objectives trained were implemented and of those implemented 80% were done at a quality level.
5. To utilize a case study method to supplement effectiveness data of the FCT model training.	5.1 Evaluation team will review proposed questions for validity and relevancy. 5.2 Evaluation team will develop/select measures (instruments). 5.3 Staff will gather data prescribed in quasi-case study protocol for FIST participants. 5.4 Evaluation team will analyze and report results.	5.1.1.1 Completion of review 5.2.1.1. Completion of measurement selection. 5.3.1.1. Data collected 5.4.1.1. Data analyzed	5.1.1-5.4.1 Focus groups and follow-up data in addition to staff surveys were completed in the Medford site. A follow-up form was used and the parents were asked a series of questions regarding the family focus of the program. Parents indicated that they felt they were a part of the team described strategies that indicated that home visitors were using family friendly strategies.
6. To measure the effectiveness of regional training centers.	6.1 Project staff will record performance of individuals participating in training of trainers. 6.2 Regional center staff will report training and implementation data. 6.3 Ongoing technical assistance will be provided as needed.	6.1.1 The number of objectives successfully completed at criterion levels will be reported. 6.2.1 A summary of data will be reported for regional centers. 6.3.1 The number and types of technical assistance will be tracked.	6.1.1.1.-6.3.1.1. Regional training centers trained more than 90 individuals at the completion of the grant and indicated the intention to continue using the training methods and materials.

Figure 4

IV. SUMMARY

The primary goal of the project was to increase quality services to young children and families receiving home-based early intervention services. This was accomplished through the replication of the Family Consultant Training (FCT) Model within local community programs presently serving infants, toddlers and their families. Training in the FCT model was provided to administrators, Early Intervention Specialists, Paraeducators, Early Head Start Professionals, Healthy Start Home Visitors, Health Nurses and Case Managers serving or planning to serve infants and toddlers with disabilities and their families. The Model used a component or module training design paired with a corresponding pre training assessment tool (the Rating Scale of Early Intervention Practices) allowing for the effective delivery of individualized training. Because it was based on Recommended Practice from the field of Early Intervention and Family Friendly Services, successful implementation of practices by the 90 participants resulted in more family focused services for 1,200 young children and their families.

The training of trainers was an integral part of the project design and allow for cost effective dissemination of the Model and a mechanism to ensure extended training beyond the life of the grant. The twenty-two trainers involved have completed formal second generation training for 90 participants and informal training for many more. The trainers surveyed indicate that with the materials they have been provided they will plan to continue training using the FCT practices. In addition, Teaching Research is continuing to provide training in model components through fee for service sessions and has plans to publish the "Rating of Early Intervention Practices" tool.

All major project activities were completed as outlined in the initial proposal. A twelve-month no-cost time extension allowed for the completion of the trainer training, follow-up and technical assistance activities not accomplished prior to the end of the initial project period. Project Staff feel that the project clearly resulted in increased quality of services to young children and families

receiving home-based early intervention services.

Work with Enterprise Community: During the project, training and follow-up was completed with 6 training participants and two trainers in the Early Head Start Program in a designated enterprise community in Cave Junction, a small community in the Illinois valley in Southern Oregon. This was the community where the focus group information was collected and the parents involved in the group were reimbursed for their contribution. The project trainers continue to provide training to parents and staff in their program.

APPENDIX A

Project Dissemination Materials and Activities

Appendix A

Listing of Conference Presentations

Home Visiting Strategies for the Extremely Premature Infant CaCoon Annual Conference, October, 2000, Portland, Oregon

A local training model for paraprofessional homevisitors. National Paraprofessional Conference, May, 2000. Portland, Oregon

Working with Families who Experience Multiple Issues. Statewide Conference for Home Visitors. May, 2000. Corvallis, Oregon.

Home Visiting Strategies for the Extremely Premature Infant CaCoon Annual Conference, October, 1999, Portland, Oregon.

Working with Families who Experience Multiple Issues. Oregon Division of Early Childhood Conference October, 1999, Eugene, Oregon.

Introducing Positive Touch as a Home Visiting Strategy. OAEYC Conference Spring 1999

Home Visiting Strategies for Families who Experience Multiple Issues. Oregon Division of Early Childhood conference, Salem, Oregon. March, 1998

Strategies for Home Visitors. OAEYC Spring Conference, Eugene, Oregon March, 1998.

Training for Home Visitors. Pacific Rim Conference, Honolulu, Hawaii. Winter 1997

Family Friendly Services for Home Visitors. Washington State Conference on Infants and Families, Spring, Seattle, Washington 1996

Family Friendly Home Visiting Techniques OAEYC Spring Conference Spring 1996

Who can benefit

The Family Consultant Training project is

designed to provide personalized training for teams, including parents, working with children birth to three with disabilities or who are at risk for disabilities and their families.

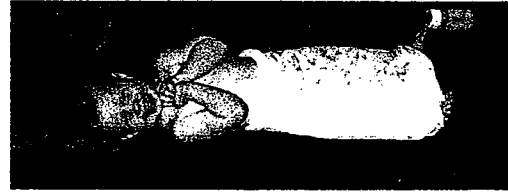


Topics covered

Participants will receive in-depth, practical information that will enhance their effectiveness in providing high-quality services to children and families.

Participants will acquire knowledge and skills in the following areas:

- ✧ infant development
- ✧ family systems
- ✧ family friendly communication
- ✧ team approaches
- ✧ infant/toddler curricula and assessment
- ✧ program plan development
- ✧ teaching within family routines
- ✧ toddler groups
- ✧ practical tracking systems
- ✧ effective transition planning
- ✧ specialized techniques such as infant massage



Training format

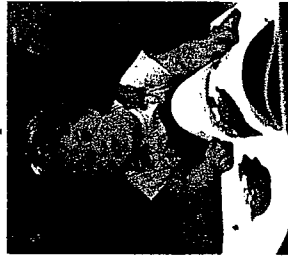
Teams are initially involved in a four day training that

will include lecture, small group discussion, observation and practice with infants & families. After the initial training, project staff will work with each team to design an ongoing assistance and training plan to meet that team's specific needs.



Cost

There is no fee for this training. The cost is covered through early childhood outreach and demonstration grants funded by the U.S. Department of Education, Office of Special Education.



For more information contact:

Carol Bunse, Project Director

Phone: (503) 838-8774

e-mail: bunsec@wou.osshe.edu.

Continuing Education Credits

WOU Division of Continuing Education and Summer Programs will offer 1 - 2 hours of graduate credit for participation in this training. The cost is \$40.00 per credit hour.



Training application

Contact person _____
 Title _____
 Agency _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____



Training Dates
 will be scheduled
 with each site on
 an individual basis.



mail registration to:

Gary Glasenapp

Teaching Research

Western Oregon University

345 N. Monmouth Ave.

Monmouth, OR 97361

(503) 838-8771

(e-mail) glaseng@wou.osshe.edu

Who can benefit

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designed to provide personalized training for teams, including parents, working with children birth to three with disabilities or who are at risk for disabilities and their families.

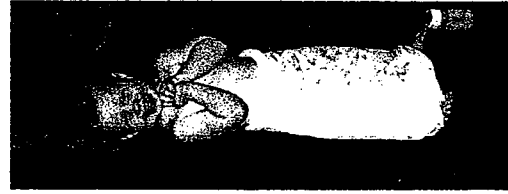


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- ✧ effective transition planning
- ✧ specialized techniques such as infant massage



APPENDIX B

Participant Training Materials – Samples

**Teaching Research
Family Consultant Training Objectives**

Outcome: Trainee will be able to develop and implement a family centered plan.

OBJECTIVE	ACTIVITIES	EVALUATION
1. 0 Trainee will understand training objectives and identify one desired outcome.	1.1 Participate in introduction lecture/discussion. 1.2 Indicate one desired training outcome.	1.1.1-1.2.1 Participation in discussion and activity.
2.0 Trainee will demonstrate knowledge of family systems and family centered early intervention.	2.1 Participate in discussion/role play on family systems and ecology. 2.2 View <i>Lost Dreams</i> video and participate in a group discussion on supporting families as they grieve. 2.3 Participate in activity/discussion on aspects of family diversity. 2.4. Complete an Eco map on a partner using family conversation guidelines.	2.1.1 Participation in activity. 2.2.1 Completion of study guide and participation in discussion. 2.3.1 Completion of strategies for culturally diverse families checklist at 16/20 or 80%. 2.4.1 Completion of 5 areas in ECO map and 2 interview questions at 5/7 or 71%.
3.0 Trainee will demonstrate knowledge of skills relating to family friendly communication techniques.	3.1 Participate in lecture discussion on facilitative communication and building positive relationships with families. 3.2. View video vignette and participate in activity to illustrate parent concerns and professional responses.	3.1.1 Participation in lecture. 3.2.1 Completion of family needs interview checklist at 9/11 or 81%.
4.0 Trainee will have knowledge of team collaboration skills.	4.1 Complete assigned readings on various team models prior to the session. 4.2. Participate in Lecture/Discussion on team development. 4.3 View Change video. 4.4 Complete activity on team models and identify what type of team each trainee participates in. 4.5. Participate in activity/discussion of conflict resolution strategies.	4.1.1 Completion of study guide at 7/8 or 88%. 4.2.1-4.3.1 Completion of activity. 4.4.1 Participation in activity. 4.5.1 Participation in activity.

OBJECTIVES	ACTIVITIES	EVALUATION
5.0 Trainee will demonstrate skills relating to assessment of infants and toddlers using a curriculum based assessment instrument.	<p>5.1 View video on typical child development and review printed information prior to the training session and complete a self-study check.</p> <p>5.2 Read information on standardized/non-standardized assessments and complete information check.</p> <p>5.3 Observe video vignette, <i>The Assessment that Never Happened</i> and participate in discussion on assessment.</p> <p>5.4 Observe video <i>Reading Infant Cues</i> and complete checklist.</p> <p>5.5 Participate in assessment practica using the AEPS.</p> <p>5.6 Participate in group discussion using the Early Coping Inventory assessment. (OPTIONAL)</p>	<p>5.1.1 Completion of a self-study guide prior to attending training session. (OPTIONAL)</p> <p>5.2.1 Completion of Assessment Information Check at 5/6 or 83%.</p> <p>5.3.1 Participation in discussion.</p> <p>5.4.1 Completion of infant cues checklist.</p> <p>5.5.1 Completion of AEPS practica using 4/5 or 80% appropriate assessment techniques.</p> <p>5.6.1 Participation in discussion.</p>
6.0 Trainee will have knowledge and skills related to developing a family centered IFSP or program plan.	<p>6.1 View video vignette and participate in lecture/discussion on the IFSP process.</p> <p>6.2 Participate in development of a simulated IFSP or family plan using a MAPS process.</p> <p>6.3 Participate as a team in the development of one outcome statement and one objective for each identified concern or priority.</p>	<p>6.1.1 Participation in lecture.</p> <p>6.2.1 Completion of a simulated IFSP or family plan using family friendly MAPS checklist at 8/10 or 80%.</p> <p>6.3.1 Completion independently of two outcomes and one objective for each outcome, containing the elements of quality outcomes and objectives as measured by the Objectives and Outcomes quality measure at 18/24 or 75%.</p>
7.0 Trainee will demonstrate skills related to intervention activities within the context of family routines and community settings.	<p>7.1 Participate in discussion of guidelines and expectations for home visits including family expectations for involvement.</p> <p>7.2 Identify aspects of a child's physical environment after viewing a videotape of a child's routine.</p> <p>7.3 Participate in a discussion on facilitating parent-child interaction.</p> <p>7.4 Determine supports, barriers, and changes needed to implement goals for a child after viewing a video.</p> <p>7.5 Participate in discussion and view a video on tying IFSP outcomes to family routines incorporating routine based intervention.</p> <p>7.6 Complete a matrix with routine sequences using one outcome taken from a simulated IFSP or family plan.</p>	<p>7.1.1 Participation in discussion.</p> <p>7.2.1 Correctly identify 5/6 aspects of child's physical environment.</p> <p>7.3.1 Participation in discussion.</p> <p>7.4.1 Develop an implementation plan incorporating 3 supports, 2 barriers and one suggestion for change to implement child at 5/6 or 83%.</p> <p>7.5.1 Participation in discussion and view video.</p> <p>7.6.1 Completion of a matrix with 2 routines identified, and 2 objectives incorporated into the routines at 6/8 or 75%.</p>

OBJECTIVES	ACTIVITIES	EVALUATION
	7.7 Review one early intervention or early childhood education curriculum and discuss its strengths and weaknesses. (OPTIONAL)	7.7.1 Identify at least 3 strengths and 2 weaknesses of curriculum reviewed at 4/5 or 80%.
8.0 Trainee will demonstrate knowledge of effective transition planning with families	8.1 Participate in discussion on transition planning best practices. 8.2. Identify key items in a successful transition plan.	8.1.1-8.2.1 Identify changes for at least 2 transition items and the people involved at 5/6 or 83%.
9. Trainee will have knowledge of issues and strategies for monitoring child progress in a variety of settings.	9.1 Participate in a discussion of best practices regarding monitoring progress for infants and young children. 9.2 Review and discuss strategies for monitoring progress in home and community settings. 9.3 At follow up develop and implement appropriate monitoring strategies for a sample of children and families.	9.1.1 -9.2.1. Participation in discussion 9.3.1 At second and subsequent follow-ups, a sample of 25% of families will have 4/4 components of an appropriate monitoring system in place.
*** 10. Trainee will have knowledge of issues that impact families such as violence, substance abuse and mental illness and be able to use solution focused communication strategies.	10.1 Complete a pretraining reading packet. 10.2 Participate in lecture/discussion on addiction, domestic violence, mental illness. 10.3 Identify personal and family boundaries through activity. 10.4 Participate in solution focused lecture/discussion. 10.5 Watch video. 10.6 Create solution focused questions to respond to provided statements. 10.7 Participate in group analysis of a case study related to a family with multiple issues.	10.1.1.-10.2.1 Participation in a knowledge check using a card activity. 10.3.1. Completion of boundaries checklist and completion of boundaries plan at 3/3 or 100%. 10.4.1.-10.6.1. Completion of solution focused checklist in a group setting with 2 questions per group (2/2 100%) 10.7.1. Participate in case study activity in small group and generate 2 questions and 3 suggestions for activities for case study family
*** 11. Trainee will have information that will assist them to introduce positive touch during home visits in a family friendly manner.	11.1.1 Describe positive touch to families in a small group activity using positive touch video. 11. 2 Demonstrate master strokes for positive touch with a partner during a practicum activity. 11.3 Determine ways to incorporate positive touch into daily routines when working in a small group. 11.4 Identify cautions and adaptations when using positive touch when working in a small group.	11.1.1. Completion of a written description containing at least three points completed by small group. 11.2.1. Completion of master strokes checklist at 80% 11.3.1. Completion of routines form at 2/2 or 100% 1.4.1. Completion of a written description by group with at least four cautions and adaptations.

*** Additional Modules

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Teaching Research Family Consultant Training

Introduction

Family Systems

3

Communication Skills

4

Team Collaboration

5

Assessment

6

IFSP/ MAPS

7

Routine Based Intervention

8

Transition

9

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11

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OBJECTIVES FOR FAMILY FRIENDLY COMMUNICATION

OUTCOME:

Trainee will demonstrate knowledge of skills relating to family friendly communication techniques.

OBJECTIVES:

Participate in lecture discussion on facilitative communication and building positive relationships with families.

View video vignette and participate in activity to illustrate parent concerns and professional responses.

FAMILY RELATIONSHIP

The success of virtually all interventions
depends on
the quality of the service provider's
relationship with the family.

Source: Kalmanson, B. & Seligman, S. (1992), Family-provider relationships: The basis of all interventions. *Infants and Young Children*, 4(4), 46-52.

PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

RESPECTFUL

1. You want to hear what the person has to say.

COMMITTED

2. You sincerely want to help the person with his/her problem.

ACCEPTING

3. You genuinely accept the other person's feelings, no matter how different they are from your own.

TRUSTING

4. You trust the person's ability to handle, work through, and find solutions to his/her own problems.

UNDERSTANDING

5. You realize that feelings are always changing, consequently you need not fear them.

SEPARATE

6. You see the person as separate with different ways of looking at a situation.

Source: Gordon (1970) *Parent Effectiveness Training*. New York: Wyden

COMMUNICATION OCCURS ON THREE LEVELS

CONTENT =

FEELINGS =

INTENT =

LISTEN TO THE MESSAGES AT ALL LEVELS

Source: Schuyler, V. and Rushmer, N. (1987) Parent Infant Habilitation. Portland, Oregon: IHR

PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

RESPECTFUL

COMMITTED

ACCEPTING

UNDERSTANDING

TRUSTING

SEPARATE

Attending

Reacting

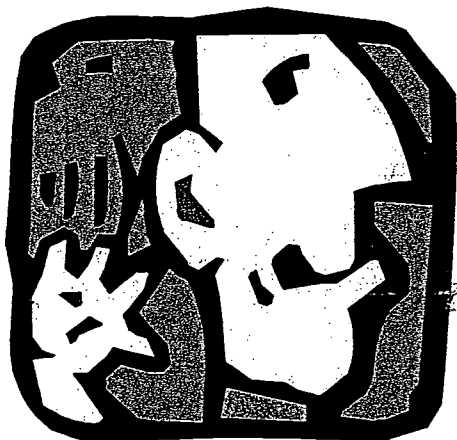
Responding

NONVERBAL COMMUNICATION

WE CONVEY 80-90% OF A MESSAGE THROUGH:

✦ Body Movements

EYE CONTACT
FACIAL EXPRESSION
POSTURE
GESTURES



✦ Vocal Cues

VOICE TONE
pitch
vOLUME
rhythm
MINIMAL ENCOURAGERS

✦ Spatial Relations

INTIMATE
PERSONAL
SOCIAL
PUBLIC



ATTENDING Checklist



Eye Contact

Initiate eye contact
Vary gaze (short glance away)
Maintain eye contact
more than 60% of the time

Fixed stare

Posture

Head nods
Head tilt
Puzzled face
Torso erect
Legs relaxed

Rigid posture
Body slumped
Torso slumped
Posture shifts (two or more
with legs and body)
Seated on edge of chair

Vocal Cues & Minimal Encouragers

Um hum....
Uh huh....
And....
So....
Stays with main thought
Then....
Tell me more....
Remains quiet during
"thought filled" silence

Switches topic before
person is finished
Interrupts
Jumps from topic to topic

ATTENDING Skills

Positive attending conveys to the parent or other professional that you respect the person and that you care about what he/she has to say and how the person feels. Using positive attending enhances self-respect and establishes a secure atmosphere. This facilitates free expression.

The consultant's goal is to communicate a commitment to understand the parent or other professional.

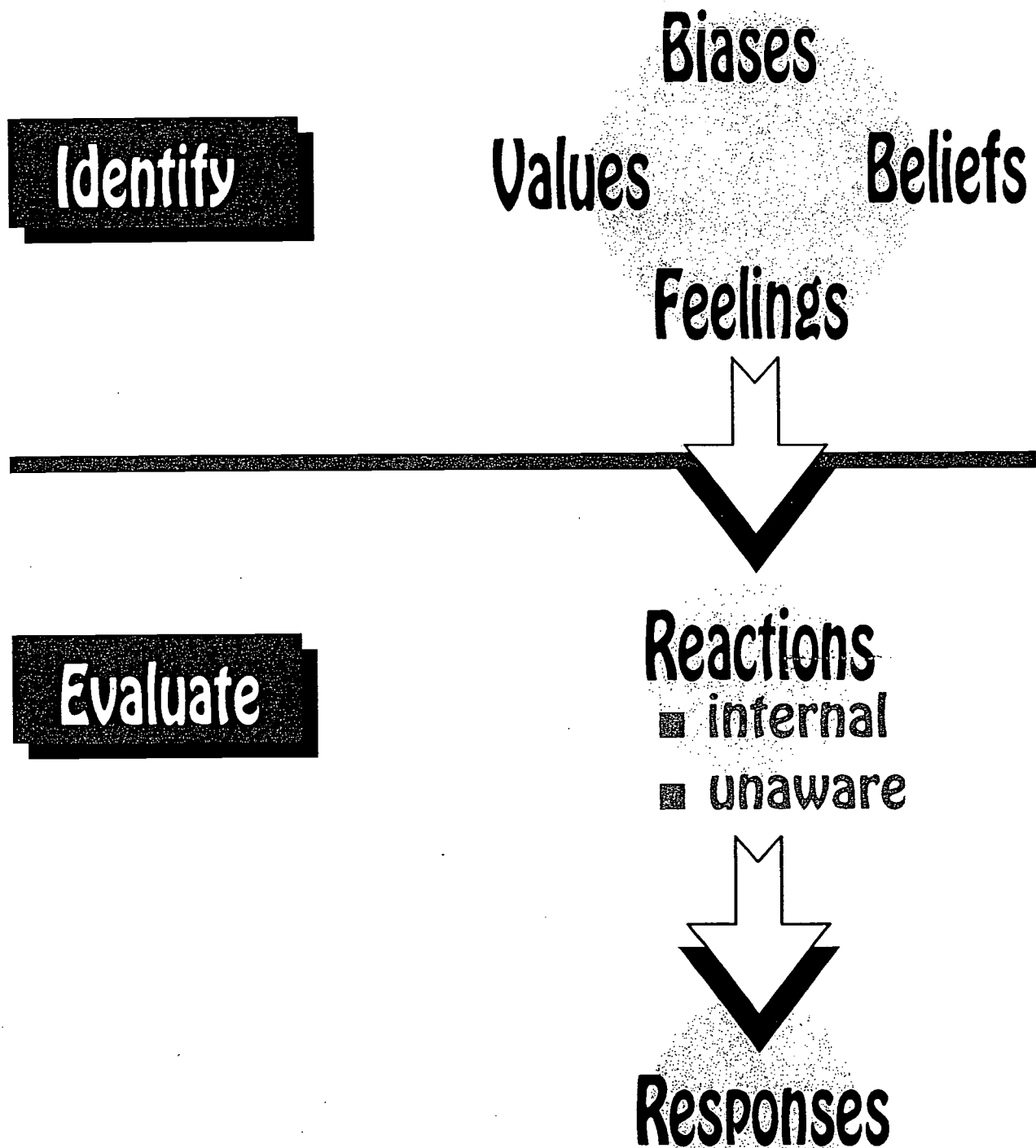
Hints:

- Breathe and relax physically; feel the presence of the chair you are sitting on.
- Be comfortable and natural in your posture and movements.
- Initiate eye contact; vary your gaze.
- Follow what the parent or other professional is saying; take your cues from them. This encourages the person to continue communicating.
- Let your responses communicate to the other person that you want to understand what she/he is experiencing.

Invitations to communication:

- "Tell me about that."
- "I'm interested in what you think."
- "This seems important to you."
- "Tell me more."

REACTING PROCESS



LISTENING

Obstacles

The consultant's commitment to understand the parent or other professional can be a difficult task. Several factors may be obstacles in the listening process:

- Attending to a person's feelings may feel scary.
- Assuming responsibility for the need to "fix things".
- Viewing expression of strong feelings as inappropriate.
- Being overwhelmed by time constraints.
- Being preoccupied by personal concerns.

Reactions

Each consultant comes to the interaction with unique experiences, biases, values and beliefs. When a particular idea or feeling is heard there is a reaction. A consultant may not be aware of this since the reaction is usually an internal event.

Schuyler and Rushmer (1987) emphasize the need to be aware of the reaction process "because our reactions are very likely to determine our responses". By learning about personal reactions, a consultant may find that she/he is judging, evaluating and making assumptions about a parent's or professional's comments based on the consultant's frame of reference.

Understanding

Rogers (1951) discusses the importance of "listening with understanding" that is "understanding with a person, not about him". When a parent or other professional perceives that the consultant "understands with" there is less defensiveness. The consultant will then be more open to the intent (the real message) and be capable of responding appropriately.

Sources: Schuyler, V. and Rushmer, N. (1987) *Parent-Infant Habilitation*. Portland, Oregon: IHR Publications.
Rogers, C. (1951) *Client-Centered Therapy*. Boston, MA: Houghton Mifflin.

REACTING Style

Rate yourself on the following personal characteristics:	<u>Strong</u>	<u>Adequate</u>	<u>Weak</u>
1. I am comfortable with acknowledging and experiencing my own feelings.	1	2	3
2. I am comfortable with the expression of feelings by others.	1	2	3
3. I am able to recognize and set aside my own biases and beliefs rather than impose them on others.	1	2	3
4. I appreciate people as they are and am able to accept the differences inherent in others.	1	2	3
5. I am able to listen to the feelings of others without needing to "fix", take responsibility for or deny the feelings.	1	2	3

Choose one characteristic and describe your plan to strengthen your skill in that area.

Source: Adapted from Early Intervention Series I (1993) Infant Hearing Resource, Hearing and Speech Institute, Portland, Oregon.

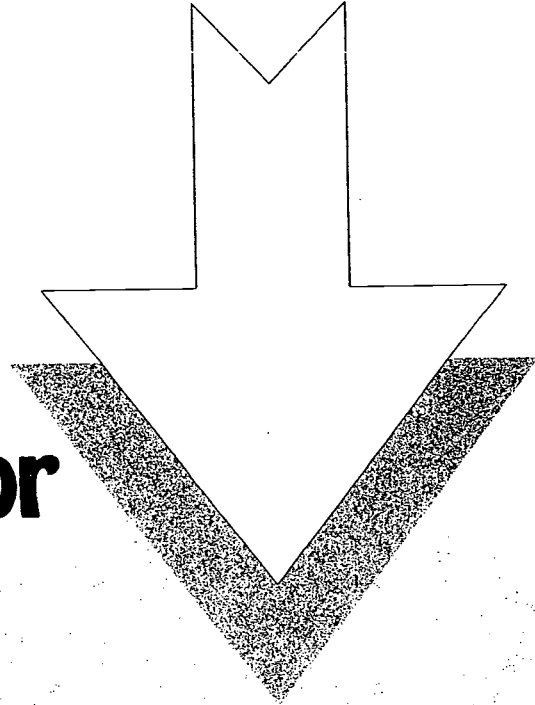
Responding Checklist



PARAPHRASING	
<p>Accurate paraphrase</p> <p>Somewhat accurate paraphrase</p> <p>Paraphrase main content</p> <p>Appropriate frequency</p>	<p>Paraphrase peripheral content</p> <p>Completely inaccurate paraphrase</p>
QUESTIONS	
<p>Pause before questions</p> <p>Pause after questions</p> <p>Open questions</p> <p>Open questions to identify thoughts behind feelings</p> <p>Open questions to explore feelings in depth</p>	<p>Yes/no questions</p> <p>Open questions to collect facts only</p> <p>Closed questions</p>
SUMMARY	
<p>Summary to pull together several comments</p> <p>Summary to review past meeting</p> <p>Summary to begin further exploration of content</p>	<p>Summary for action planning without perception check</p>

Responding Skills

- **Open door**
- **Closed door**
- **Paraphrase**
- **Question**
- **Summarize**



Responding Hints

1. A helpful response stays with the topic without adding new information.
2. A helpful response focuses on exploring the feeling content.
3. A helpful response encourages the person to talk further about feelings.
4. A helpful response conveys to the person that he/she can deal with feelings and can do something about concerns.
5. A helpful response does not attempt to “fix” situations or solve problems.
6. A helpful response is short.
7. A helpful response conveys to the person that her/his feelings are valid.

Source: Adapted from Early Intervention Series I (1993) Infant Hearing Resource, Hearing and Speech Institute. Portland, Oregon.

Skills for Effective Communication

- ◆ **OBSERVE** Watch and listen for body language, opening & closing statement, repeated reference, gaps in information, points of stress.
- ◆ **LISTEN** Focus and follow what a family member has to say using verbal and nonverbal listening skills.
- ◆ **REFLECT FEELINGS** Accurately and sensitively identify and reflect a family member's feelings.
- ◆ **REFLECT CONTENT** Restate the content of a family member's message briefly and concisely by paraphrasing and summarizing.
- ◆ **OWN YOUR MESSAGE** Use "I" Statements
- ◆ **QUESTION** Structure questions in a way that promotes understanding and decision making.

Source: Bailey, D., et al. Chapel Hill, NC: CIRIPP.(1991) Implementing Family-Centered Services in Early Intervention: A Team- Based Model for Change.

Issues in Family Interview

- ◆ What strategies to use?
- ◆ When should family interview be done?
- ◆ Will families view interview as intrusive?
- ◆ Whose job is family interview?
- ◆ Should we ask about needs we cannot help with?
- ◆ What if I see a need the family does not recognize?
- ◆ When is an assessment of resources appropriate?

Source: Bailey, C., et al. (1991) Implementing family-Centered Services in Early Intervention: A Team-Based Model for Change. Chapel Hill, NC: CIRIPP.

FAMILY INTERVIEW Checklist

The professional should:

- ☐ Establish rapport with the family.
- ☐ Conduct the interview in comfortable, private surroundings.
- ☐ Explain that participation is voluntary.
- ☐ Ensure confidentiality.
- ☐ State the purpose for gathering the information.
- ☐ Explain how the information will be used.
- ☐ Stress that there are no right or wrong answers.
- ☐ Select only relevant questions.
- ☐ Allow for flexibility by following parents' lead.
- ☐ Avoid repetition by not repeating "formal" questions answered informally.
- ☐ Record actual parent comments, not interpretations.

Source: Turnbull, A., & Turnbull, R. (1990) Families, Professionals, and Exceptionality, A Special Partnership, 2nd Edition. Columbus, OH: Merrill Publishing Co.

WHAT DOES IDEA SAY ABOUT FAMILY ASSESSMENT?

- ◆ Designed to determine the resources, priorities and concerns of the family related to enhancing the development of the child.
- ◆ Voluntary on the part of the family.
- ◆ Conducted by personnel trained to utilize appropriate methods and procedures.
- ◆ Based on information provided by the family through a personal interview.
- ◆ Incorporates the family's description of its resources, priorities and concerns related to enhancing the child's development

Source: *Bailey, D., et al. (1991) Implementing Family-Centered Services in Early Intervention: A Team-Based Model for Change. Chapel Hill, NC: CIRIPP*

DISCUSSION GUIDE: COMMUNICATION

Which communication skills do you find most comfortable? Most difficult?

How might you build new communication skills into the way you interact with families and other professionals?

***** This information will be used to complete your implementation plan.**

Family Consultant Training
Lecture: Family Friendly Communication

TRAINER INFORMATION

Objective: Trainee will demonstrate knowledge of family friendly communication techniques.

Materials: FCT Training Manual
Overheads for Section 3
Communication Vignettes Video
First Impressions Video

Amount of Time: 2 hours

Evaluation: Participation in lecture and activities
Completion of Family Needs Interview Checklist at 9/11 or 81%

Additional Readings: Blackman, J. (1995) Working with Families in Early Intervention. Gaithersburg, MD: Aspen Publishers, Inc.
Bromwich, R. (1981) Working with Parents and Infants. Austin, TX: Pro Ed, Inc.
McWilliam, P.J. and Bailey, D.B. (1993) Working Together with Children and Families: Case Studies in Early Intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

I. Introduction

- A. A metaphor is a figure of speech that uses something from the physical world to describe a concept. Metaphors create an image, allow new connections to develop and generate new ways of thinking. They provide a way of understanding a situation you are part of and helped to create. Metaphors give you a new language, a more poetic, less scientific language to discuss a process.

OVERHEAD #1
Communication River

- B. Communication is a river. Where a small headwater stream marks the beginning of a river, the water is narrow and shallow; you could walk across it. As miles go by, more streams join and the river expands to carve its path; you would need a boat to travel across it now. Later the mass of water goes through hazardous rapids, is constricted by submerged rocks, and goes over a waterfall; to cross it now, you would need to build a bridge or search out another way.
- C. The consultant role requires effective communication. You will need to “test the waters” and “build bridges” as you experience the rivers of communication in your work. In this

session, the information will be “trickling in” and will find its way to the “reservoir” of your mind where you may draw upon it when you need it. Communication is a two-way process. Ultimately you can change only your own behavior.

II. Overview of Family Relationships

- A. You are meeting a new family for the first time. It is impossible to be aware of the complexities of this unique family system. Where do you begin? First and foremost, as service providers it is essential to pay attention to your relationship with the family.

OVERHEAD #2
Success of Interventions:
Family Relationships

- B. We know that the ability to establish relationships is essential to all aspects of working with families. Communication is the basis for relationships. Since the outcome of intervention depends on the Family Consultant’s relationship with the family, it is critical to learn and practice family friendly communication.
- C. How many of you think you are good communicators? Most of us are, yet being a good communicator may not be sufficient for working with families experiencing the grief and stress of a child with disabilities. Families often feel that these difficulties make them “different”; they need to be understood and supported. Effective communication and empathetic working relationships are what parents need to reinforce that it is the family’s efforts that ultimately make the difference in their child’s life.
- D. Without effective communication, rapport and trust will not develop. These are the foundations for a positive relationship. Building a positive relationship requires certain prerequisite attitudes.

OVERHEAD #3
Prerequisite Attitudes

1. Respectful: you want to hear what the person has to say.
2. Committed: you want to help the person with the problem.
3. Accepting: you accept the person’s feelings, no matter how different from your own.
4. Trusting: you trust the person’s ability to find solutions to the problem.
5. Understanding: you realize that feelings are always changing, so you need not fear them.

6. Separate: you see the person as separate with different ways of looking at a situation.
- E. We need to take the personal responsibility to bring these attitudes into our interactions and families. An essential means of making these attitudes our own is being fully present during the interaction. True communication does not happen if we are “someplace else.”

III. Levels of Communication

- A. Have you ever wanted to say this after an interaction?

“I know you think you understand what you thought I said. But I am not sure that what you heard is what I meant.” Author Unknown

- B. Why does this happen all too frequently?

OVERHEAD#4
Communication Levels

- C. Three levels of communication

1. The content is the first level. These are the words that are said.
2. The feelings which accompany the words are the second level.
3. The third level is the intent of the speaker - the real message.
4. Listening to the message at all levels is crucial to understanding.

- D. We'll talk more about listening when we look at the behaviors which reflect our personal interaction styles.

IV. Building a Positive Relationship

OVERHEAD #5
Prerequisite Attitudes to
Positive Relationships

- A. Let's look again at these six basic attitudes and the specific behaviors which let families know that these are the attitudes we bring to interactions.
 1. Attending is how we pay attention to a family's communication style. This involves both nonverbal and verbal communication.
 2. Reacting is how we view a family's idea or feeling through the filter of our own

value system.

3. Responding is how we encourage a family's exploration of a problem.

- B. Before we focus on the specific aspects of these three behaviors, we need to talk about nonverbal communication. The levels of communication, as discussed earlier, include not only the words, but more importantly, the feelings of the speaker. Research has shown that we actually convey 80-90% of the intent or real message through eye gaze, facial expression, body posture, gestures, and tone of voice. How many of you have had the experience of communicating with someone whose words did not match the message conveyed by the nonverbal expressions?

OVERHEAD #6
Nonverbal Communication

***Trainer Note:** Discuss aspects and give visual examples of each. E.g., eye contact (may indicate degree of comfort; caution - be aware that this varies in different cultures); facial expression (animated, pensive, serious, questioning); body posture (attentive and alert, slumped); tone of voice (sarcasm, enthusiasm, boredom); pitch (high may indicate emotionality); volume (loud, moderate, soft); rhythm /rate (too fast, too slow). Ask trainees how these factors change the perception and interpretation of the communication.*

OVERHEAD #7
Attending Checklist

- C. This checklist describes the positive and negative attending behaviors

***Trainer Note:** Compare and contrast positive and negative behaviors.*

ACTIVITY: Have trainees work with a partner. Take three minutes to share a perception of an interaction that happened yesterday. Give each other feedback on use of eye contact and body posture.

- D. Since communication is such a complex process, these behaviors can be subtle and we may not be aware of what we are doing. To give you more practice in observing, we have a video of role plays involving a parent and professional. Using the attending checklist as a guide, look for these specific behaviors and check them off as you view the video.

VIDEO
Communication Vignettes

Trainer Note: Ask trainees to describe specific examples which they observed in the video. Remind trainees that p.3.6, *Attending Skills in the FCT manual* provides a summary/ review of these skills.

- E. When attending to a family's communication, our ability to listen may be hampered by personal reactions to what we hear. Reacting has an effect on attending and responding.
1. As James Lundy wrote, "*Remember that you have two ears and one mouth and use them accordingly.*"
 2. A great amount of time and money has been spent on training courses for public speaking. Very little has been provided for professionals on learning to listen carefully.
 3. Listening is critical in communication and involves multiple skills - verbal and nonverbal as we have just focused on in our discussion of attending.
 4. Listening is essential in all aspects of developing relationships. It's probably easiest to understand how important listening is if you remember an experience when someone did not listen to you.

Trainer Note: Ask trainees to recall a recent communication when someone did not convey a listening attitude/behaviors. How did that feel? Discuss examples in groups (parallel conversations, no meaningful response, dissatisfaction, feeling misunderstood, devalued).

5. Listening is a complex difficult to measure process for attending to and accurately comprehending what another person is saying and then demonstrating that this has occurred (Brammer, 1993).
6. Have you ever found that you had good intentions to listen, but when the person was finished speaking you weren't sure what was really said? What gets in the way of listening? It seems "passive," but actually demands our full attention.

Trainer Note: Brainstorm a list of listening obstacles with trainees.

7. Additional obstacles to listening include:
 - a. Formulating your questions or statement while the other person is talking so you'll be "ready" when it's your turn to speak.
 - b. Having spare time to think even when you listen; you might find yourself planning another meeting, dinner tonight, etc.
 - c. Getting off task due to an emotional reaction to certain "hot" words like "inclusion"/"self-contained."

- d. Listening for awhile and then “tuning out”; filtering the information; selective attention causes inaccurate perceptions.
- e. Being distracted by extraneous details (physical, verbal, gestural, environmental).

OVERHEAD #8
Reacting

- 8. Reactions are a result of our own set of biases, values, and beliefs which we bring to the communication process. We have a reaction to what we hear from families. Usually this is an internal event (a comment we make to ourselves) and most often, we are completely unaware of it. This lack of awareness causes difficulties in communication since “our reactions are very likely to determine responses” (Schuyler & Rushmer, 1987). If we are to communicate with openness it is necessary to identify our biases, values and beliefs and evaluate reactions so that we are capable of appropriate responses to families.

***Trainer Note:** Briefly discuss concepts; refer trainees to FCT manual p.3.9, Listening.*

***ACTIVITY: Reacting Style Rating Scale, pg. 3.10** Ask trainees to take a few minutes to reflect on their personal characteristics and complete a self-rating and action plan for growth in one characteristic.*

OVERHEAD #9
Responding Checklist

***Trainer Note:** Compare and contrast positive & negative behaviors. Provide examples. Using the Responding Checklist as a guide, look for these specific behaviors as we view another communication role play.*

VIDEO
Communication Vignettes

***Trainer Note:** Ask trainees to describe specific examples which they observed in the video.*

OVERHEAD #10:
Responding

F. Responding

1. The family or professional comes with an issue that is perceived as a problem. The consultant needs to provide a clear path for the person to explore the issue. To do this effectively, it is critical to “open the door” by inviting the person to talk more about the issue. Responses need to encourage the person to clarify the problem and convey the belief that a solution is possible.
2. A consultant “closes the door” when facts are emphasized and feelings are ignored. Responses will not be helpful if the consultant projects personal reactions onto the family’s comments. This denies any further exploration of feelings. Without feelings, the intent or real message is not clear and problem solving strategies become unproductive.
3. Helpful responses are characterized by three skills:
 - a. Paraphrasing
 - (1) Match content
 - (2) Restate the essence
 - (3) No new information introduced
 - (4) No interpretation of content
 - b. Questioning
 - (1) Decide type of response and then choose appropriate question.
 - (2) Pause before and after a question.
 - (3) Do not keep talking if the person does not answer immediately.
 - (4) Give the person time to formulate an answer.
 - (5) Do not follow one question with another.
 - (6) Do not propose an answer for the person.
 - c. Summarizing
 - (1) Crystallize the essence of what the person has communicated.
 - (2) Pull together information discussed during a home visit or meeting.
 - (3) Useful for mutual agreement on the next step.

Trainer Note: Briefly go over helpful responses listed on page 3.13, Responding Hints.

ACTIVITY: Divide participants into groups of three (an observer and two role players). The observer uses the attending and responding checklists to track skills. One person talks about what they will do on the weekend while the other person uses attending and responding communication skills.

OVERHEAD #11
Skills for Effective
Communication

Trainer Note: Discuss the content from OH #11 using the outline provided below.

- **Observe** - Watch / listen for body language; opening/ closing statements; repeated references; points of stress; gaps in information.
- **Listen** - Focus/ follow what the person has to say using verbal/nonverbal listening skills.
- **Reflect Feelings** - Accurately/ sensitively identify the person's feelings.
- **Reflect Content** - Restate the context of the person's message briefly/concisely by paraphrasing/summarizing.
- **Effective Questions** - Structure questions in a way that promotes understanding decision making.

G. Overview of effective communication skills. (Source: Johnson, D. (1990) Reaching Out : Englewood Cliffs, NJ Prentice Hall.)

1. Clearly "own" the message by using "I" and "my" statements.
2. Make your messages complete and specific.
3. Make your verbal and nonverbal messages congruent.
4. Repeat your message using varied channels of communication.
5. Request feedback.
6. Make your message appropriate for the person's frame of reference.
7. Describe your feelings by name.
8. Describe the other person's behavior without evaluating or interpreting.

V. Family Interview

A. Gathering information from families

OVERHEAD #12
Gathering Information
from Families

1. Not intrusive: parent-child interaction is viewed as an opportunity for observation and evaluation.
2. Values diversity: be sensitive to cultural beliefs and practices which are beneficial.
3. Respects different perspectives: all family members bring unique and different focus on the child depending on which routines are shared.
4. Takes an informal approach: rely on the natural rhythms of family daily life.
5. Remember the basics: find out where the gaps are (food, clothing, shelter, safety) and connect families to community agencies.

OVERHEAD #13
Issues in Family Interview

B. Issues in family interview

1. Strategies - as a family consultant, you are a guest in the family's home; a process of comfortable conversation, focused discussion, needs/ interest surveys.
2. When - begins with the very first contact with the family; always ask permission before touching, picking up or playing with a child; the family knows the child best and can provide specific information for effective intervention; this is a partnership of the family and the family consultant for the benefit of the child.
3. How viewed - depends on how offered; options provide family with a choice. When family feels in control, they are more likely to take active responsibility for the child; important that family consultant does not promote passivity or dependence in the relationship.
4. Whose job - everyone on the team; be aware of and encourage family's expression of goals for the child; look for positive parenting behaviors already in the family's repertoire; use these as the foundation for communication about the child.
5. Other needs - support families in providing solutions to their own problems; work together to clarify the problem, solution and possible resources so family can be linked with appropriate agencies.
6. Family consultant view - encourage families to define their own needs; these may not be those you identify as priorities; if channels of communication are open, the

family will often reveal major concerns. If these are not related to the child, but reach crisis level, the family will have difficulty focusing on the child until the more immediate needs/concerns are addressed.

7. Resource assessment - look at availability within the context of the family identified concerns/ priorities.

C. Family interview checklist

VIDEO
First Impressions

Trainer Note: Describe the scene and characters. A clinic nurse arrives at a family's home after being referred by the clinic doctor. Mary is the mother of Chelsea who has Down syndrome, a heart defect and most recently has been having seizures. Julie is Mary's sister-in-law who is visiting and helping out. Karen is the nurse who primarily provides services in the clinic. She sent a letter to schedule the visit, but it was never received by Mary. Karen did not call to confirm the visit. Ask trainees to view the video using the Family Interview Checklist on page 3.15 as guide. Mark + for the behaviors which they observe in Karen's interactions and - if a behavior does not occur.

VI. Family Assessment and P.L. 105-17

- A. What does the law say? (Refer to page 3.16 in the FCT Manual)
 1. P.L. 105-17 has specific guidelines about the process of family assessment. When we meet with families, we need to be sure that we understand these guidelines interact appropriately and respectfully. Any discussion of concerns, priorities, and resources is completely voluntary on the part of the family. The goal is enhancing the development of the child within the context of the family.

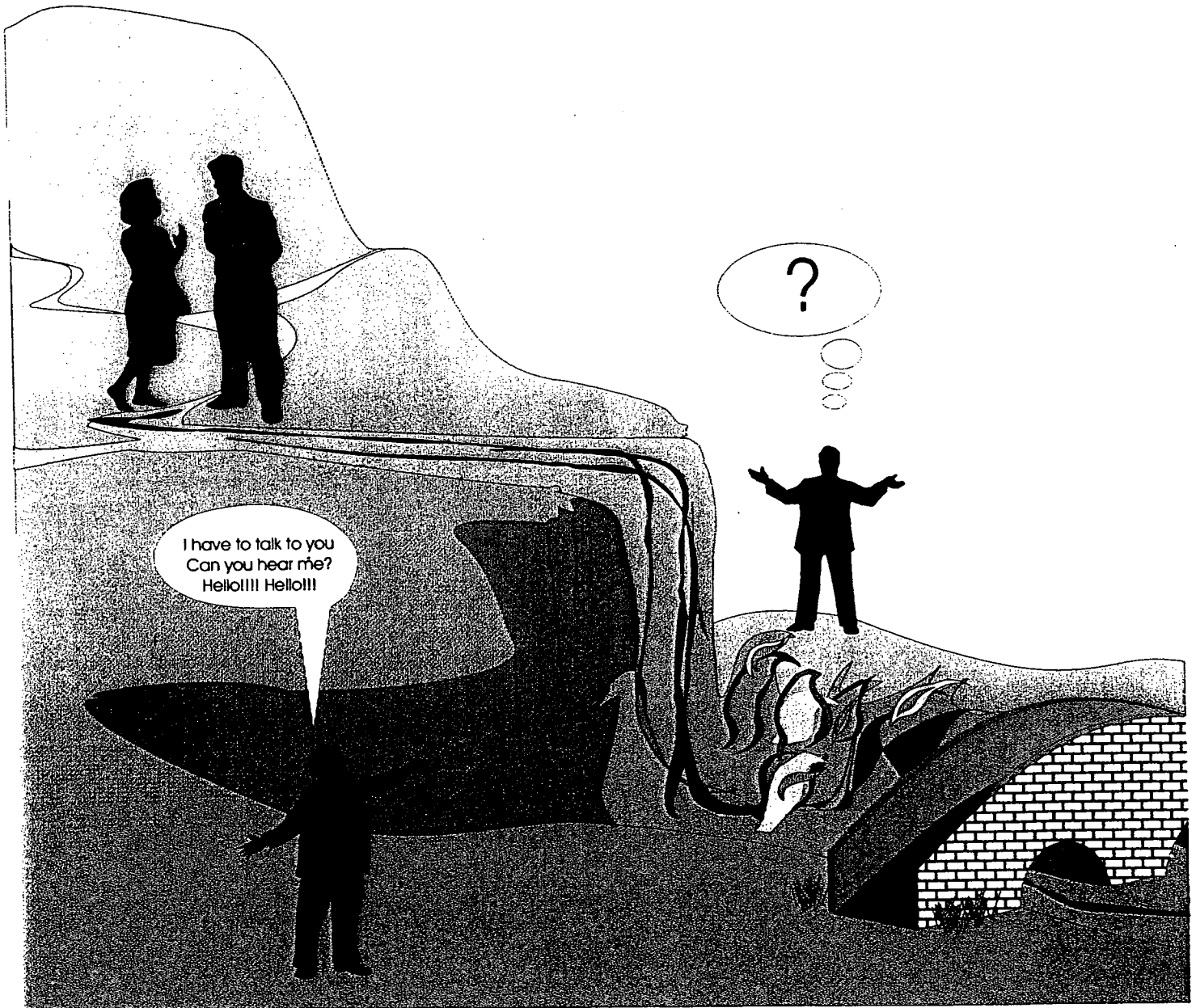
VII. Summary

- A. During this discussion we talked about communicating effectively with families, including obstacles to listening as well as specific communication strategies. We also talked about how to get information from the family through an interview process.

VIII. Discussion Guide: Communication (Page 3.16 in the FCT Manual)

Trainer Note: Ask trainees to read the two questions and take 10 minutes to respond. They will use this information to complete implementation plans.

COMMUNICATION is A RIVER



**THE SUCCESS OF
VIRTUALLY ALL INTERVENTIONS
DEPENDS ON THE QUALITY
OF THE SERVICE PROVIDER'S
RELATIONSHIP WITH THE FAMILY.**

Kalmanson, B. & Seligman, S. (1992), Family-provider relationships: The basis of all interventions. *Infants and Young Children*, 4(4), 46-52.

PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

- ✦ RESPECTFUL**
- ✦ COMMITTED**
- ✦ ACCEPTING**
- ✦ TRUSTING**
- ✦ UNDERSTANDING**
- ✦ SEPARATE**

COMMUNICATION OCCURS ON THREE LEVELS

CONTENT

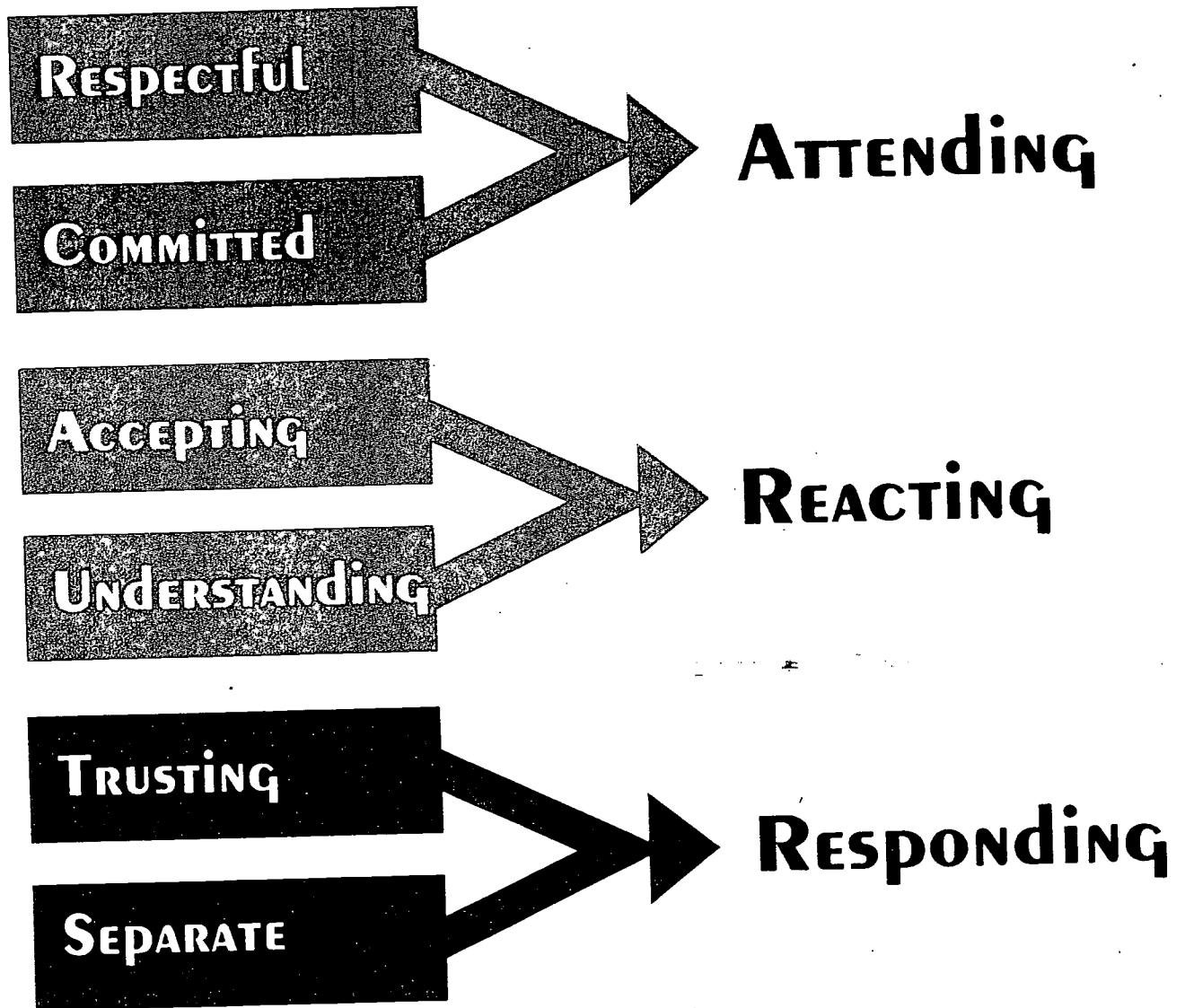


FEELINGS

INTENT

**LISTENING TO THE MESSAGE
AT ALL LEVELS
IS CRUCIAL TO UNDERSTANDING.**

PREREQUISITE ATTITUDES TO BUILDING A POSITIVE RELATIONSHIP

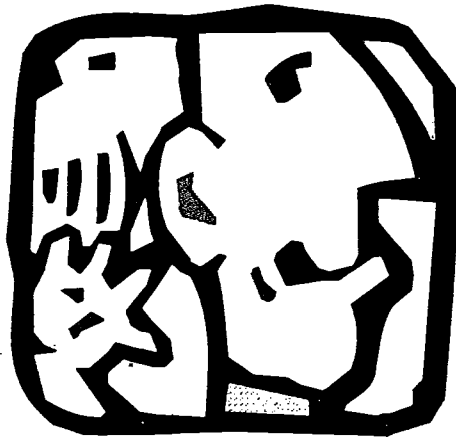
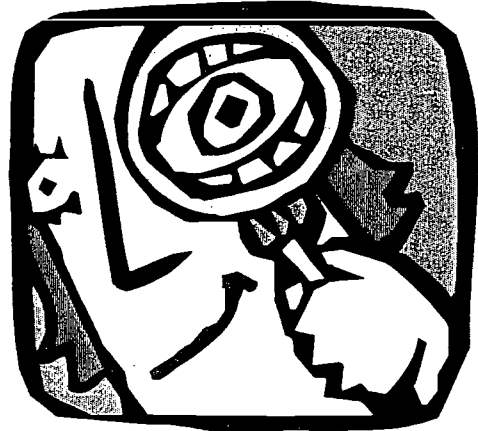


NONVERBAL COMMUNICATION

WE CONVEY 80-90% OF A MESSAGE THROUGH:

✦ Body Movements

EYE CONTACT
FACIAL EXPRESSION
POSTURE
GESTURES

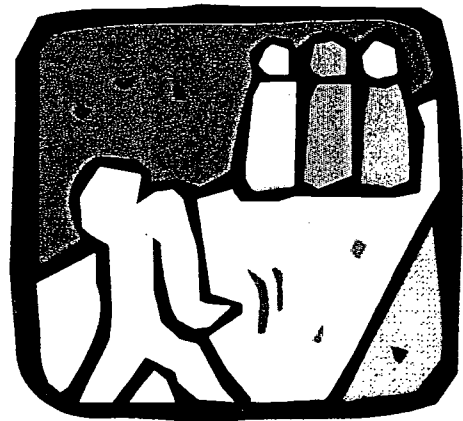


✦ VOCAL CUES

VOICE TONE
pitch
VOLUME
RHYTHM
MINIMAL ENCOURAGERS

✦ SPATIAL RELATIONS

INTIMATE
PERSONAL
SOCIAL
PUBLIC



ATTENDING Checklist



EYE CONTACT

Initiate eye contact
Vary gaze (short glance away)
Maintain eye contact
more than 60% of the time

Fixed stare

POSTURE

Head nods
Head tilt
Puzzled face
Torso erect
Legs relaxed

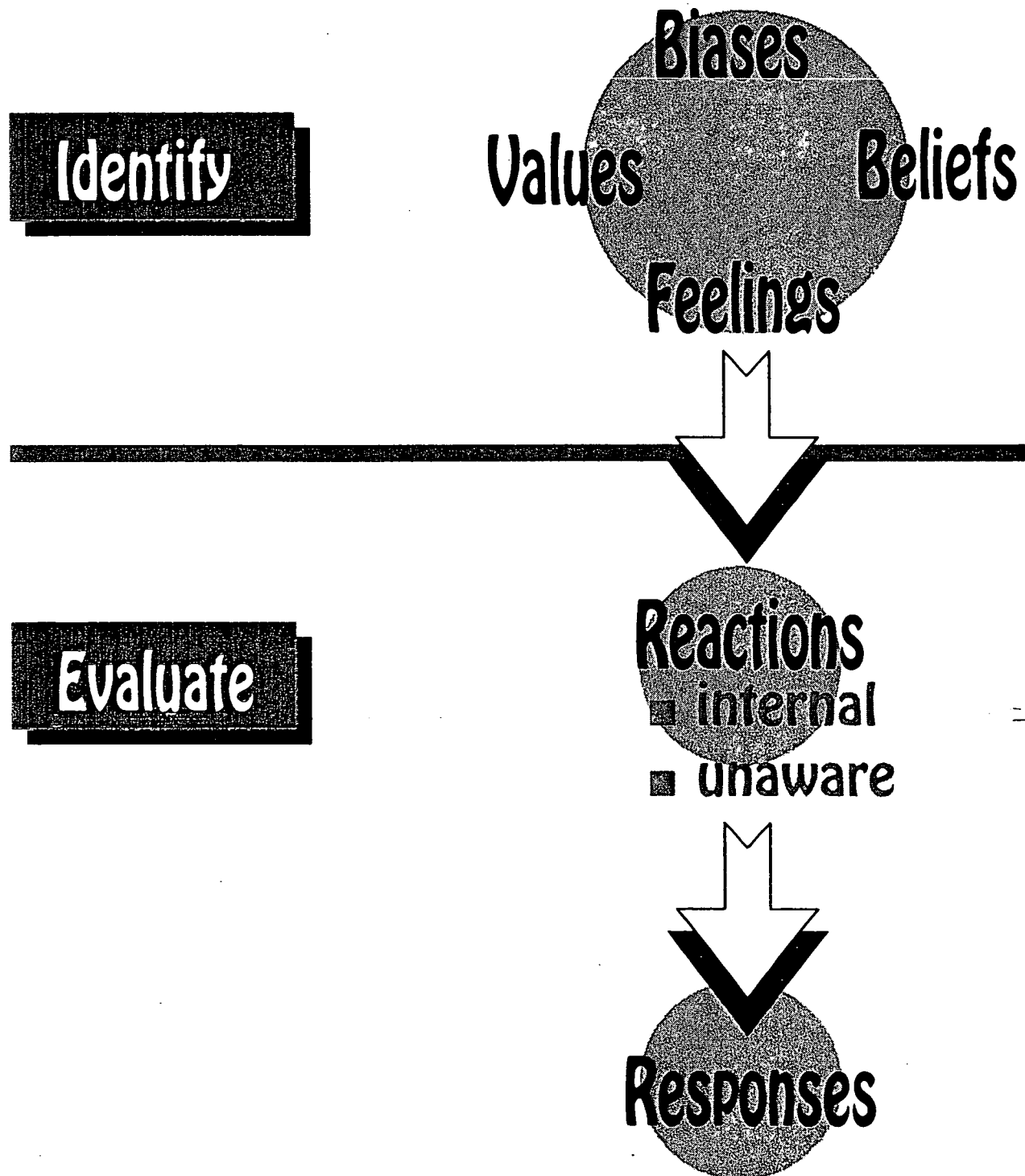
Rigid posture
Body slumped
Torso slumped
Posture shifts (two or more
with legs and body)
Seated on edge of chair

VOCAL CUES & MINIMAL ENCOURAGERS

Um hum....
Uh huh....
And....
So....
Stays with main thought
Then....
Tell me more....
Remains quiet during
"thought filled" silence

Switches topic before
person is finished
Interrupts
Jumps from topic to topic

REACTING PROCESS



Responding Checklist



PARAPHRASING

Accurate paraphrase
Somewhat accurate paraphrase
Paraphrase main content
Appropriate frequency

Paraphrase peripheral content
Completely inaccurate paraphrase

QUESTIONS

Pause before questions
Pause after questions
Open questions
Open questions to identify thoughts behind feelings
Open questions to explore feelings in depth

Yes/no questions
Open questions to collect facts only
Closed questions

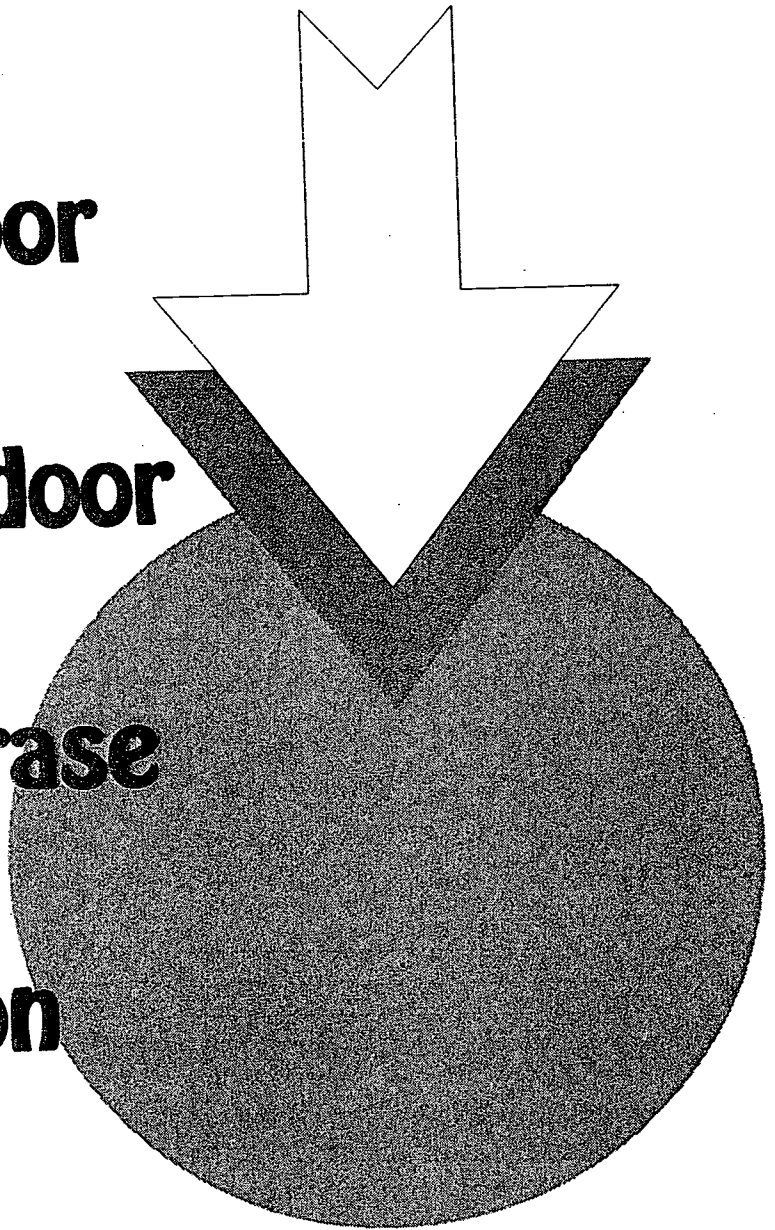
SUMMARY

Summary to pull together several comments
Summary to review past meeting
Summary to begin further exploration of content

Summary for action planning without perception check

Responding Skills

- **Open door**
- **Closed door**
- **Paraphrase**
- **Question**
- **Summarize**



Skills for EFFECTIVE COMMUNICATION

✦ **OBSERVATION Skills**



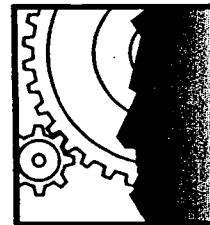
✦ **LISTENING Skills**



✦ **REFLECTING FEELINGS**



✦ **REFLECTING CONTENT**



✦ **EFFECTIVE QUESTIONING**



Gathering Information from Families

- **be positive and nonintrusive**
- **value diversity**
- **respect family member's perspective**
- **honor family traditions**
- **remember the basics**

Issues in Family Interview

- **strategies**
- **when**
- **how viewed**
- **whose job**
- **other needs**
- **family consultant view**

Enhancing Home Based Services with Positive Touch



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Section 9 - Positive Touch

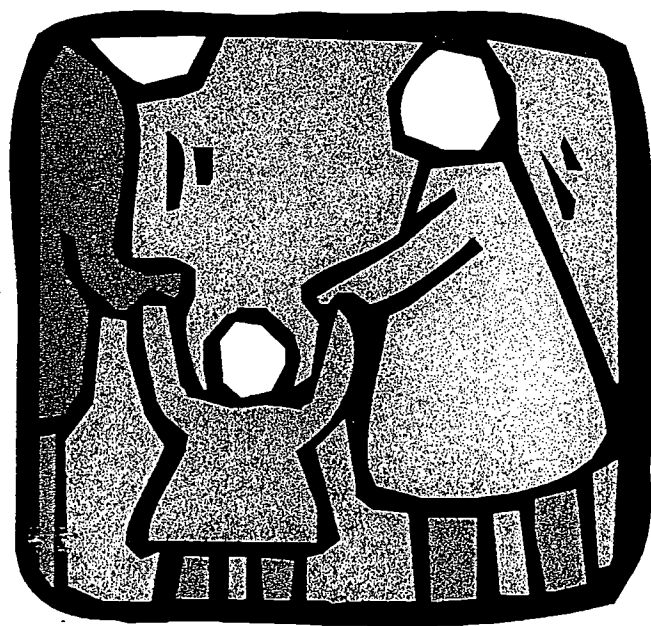
Objectives	9.1
Brief History of Positive Touch Experiments	9.2
Why Use Positive Touch.....	9.3
Growth of the Mind/The Child's Brain	9.4
Potential Benefits of Massage for Young Children	9.5
Guidelines in Using Positive Touch Techniques with Families	9.6
How Families Might Initially Perceive Positive Touch/Hints	9.7
Using Positive Touch Throughout the Day	9.8
Using Positive Touch with Babies	9.10
Positive Touch with Toddlers:	9.11
Positive Touch Master Strokes	9.12
Positive Touch Strokes Practice Checklist.....	9.13
Cautions and Adaptations when using Positive Touch	9.14
Resources	9.15

Outcome: Participants will have information that will assist them to introduce positive touch into home visits and toddler groups in a family friendly manner.

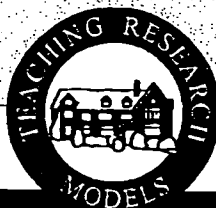
Objectives:

- 9.1 Be able to identify ways to describe positive touch to families**
- 9.2 Be able to identify ways to reinforce parent/child interactions**
- 9.3 Be able to identify master strokes for positive touch**
- 9.4 Be able to identify resources to assist in introducing positive touch to families.**

PARTNERING WITH FAMILIES WHO HAVE MULTIPLE ISSUES



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Section 12 - Partnering with Families who have Multiple Issues

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Objectives for Presentation

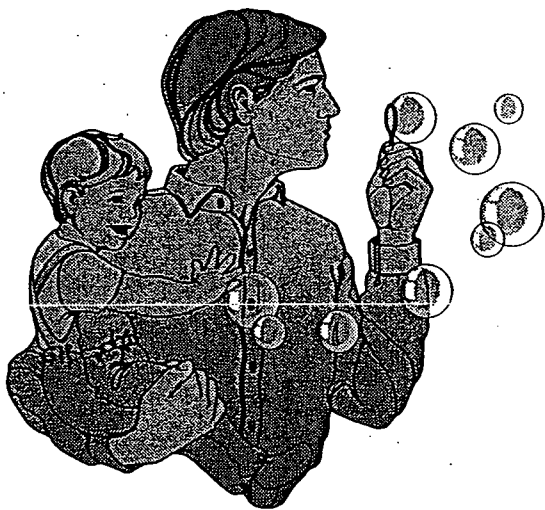
Participants will gain knowledge about the effects of addiction, mental illness and domestic violence on family function.

Participants will be aware that personal and programmatic boundaries effect the services we provide.

Participants will identify and practice solution focused communication strategies that can assist families in making decisions.

APPENDIX C

Assessment Tool



Team Member Rating of Early Intervention Practices

**Family Consultant Training Project
Teaching Research
Early Childhood & Training Department
Western Oregon University
345 N. Monmouth Avenue
Monmouth, OR 97361**



**Teaching Research Early Childhood and Training Department, Western Oregon University
(Team Member form)**

This report is a way for your team to review your early intervention practices. It will also assist the FCT training team to modify training to fit the needs of your team and determine which training components are most useful to project participants.

Please **check whether each component (shaded boxes) is a learning priority for you. Then rate each item listed under the component** using the rating scale. An explanation of the rating scale follows.

Thank you for your input.

Rating Scale:

New Idea/ Don 't do: I have not heard of this before. Or, I have heard about it but don 't know much about it. Or, it may be something I 've heard of but we don't do it in this program

Know it: I have some information about this (reading, talking with someone, taking a workshop) but it is not something I am currently using.

Try it: I know about this and I try to use it in my work. I don 't feel it is something I use consistently and effectively. I need to make sure that I 'm doing it the right way.

Use it: I know about this and use it consistently and effectively in my work.

Teach it: I use this consistently and feel I could show others how to do this. (Example: On a home visit, I could demonstrate an interaction technique and then pull the parent into the interaction so they are doing the interaction with their child and I am functioning as a facilitator.)

**Teaching Research Early Childhood and Training Department, Western Oregon University
(Team Member Rating)**

Name: _____ **Site:** _____ **Date:** _____

Family Centered Orientation	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Adapt services you provide to fit cultural needs and values of family						
Respond to parents requests to talk about issues not directly related to their child's intervention activities (feelings, relationships, reactions of others to their children, future concerns)						
Accept the values of families that are served even if they conflict with yours						
Make it a priority to create opportunities for extended family members and friends to be involved in child's intervention activities						
Support parents request to discontinue or reduce services						
Totals						

Communication with colleagues and families	Learning Priority	New Idea/Don't do	Know it	Try it	Use it	Teach it
Use vocal cues and encouragers (um hum, then, so tell me, etc.)						
Accurately paraphrase main content of statement						
Pause before and after questions						
Use open questions to explore thoughts and feelings						
Summarize content and restate what you thought you heard						
Totals						

**Teaching Research Early Childhood and Training Department, Western Oregon University
(Team Member Rating)**

Collaboration and Teaming	Learning Priority	New Idea/ Don't do	Know it	Try it	Use it	Teach it
Identify task roles in team meetings						
Acknowledge and discuss conflicts in team meetings						
Use conflict resolution strategies to deal directly with issues						
Use teams mutual goals and common vision as a guide to problem solving						
Initiate and participate in cross training of co-workers, parents, other agencies						
Totals						

Assessment	Learning Priority	New Idea/ Don't do	Know it	Try it	Use it	Teach it
Use criterion referenced assessment						
Use criterion referenced assessment to develop IFSP						
Complete assessment in natural environment for child(home, daycare, etc.)						
Encourage parents to ask questions during the assessment						
Explain purpose, content and scoring of assessment to parents before administering						
Get information about parents values, opinions, etc. before offering suggestions						
Explain all concepts and terms that are specialized (i.e., gross motor, IFSP, etc.)						
Review assessment results with parents						
Actively attempt to get parent input in the assessment process						
Totals						

**Teaching Research Early Childhood and Training Department, Western Oregon University
(Team Member Rating)**

Individual Family Service Plans	Learning Priority?	New Idea/Don't do	Know it	Try it	Use it	Teach it
Encourage parents to guide the identification of intervention goals						
Emphasize to parents what their child can do rather than what they can't						
Work with parents to develop intervention strategies to accomplish goals developed for their children						
Use a mapping process to facilitate family guided IFSP's						
Goals on IFSP's match activities that take place during home visits						
Totals						

Intervention Techniques	Learning Priority?	New Idea/Don't do	Know it	Try it	Use it	Teach it
Encourage parent to contribute to each home visit agenda						
Have parents identify their role in the home visit process						
Be flexible in scheduling home visits						
Make it convenient and enjoyable for fathers to be involved in intervention activities						
Use toys and materials available in the home for intervention activities						
Encourage parents to suggest changes in the goals developed for their child						
Interaction between the parent and their child during routines forms the base for intervention activities						
Tell the parents something positive about their child every visit.						
Use strategies to increase positive parent child interaction						
Parent/child play rather than home visitor/child play is emphasized during home visits						
Totals						

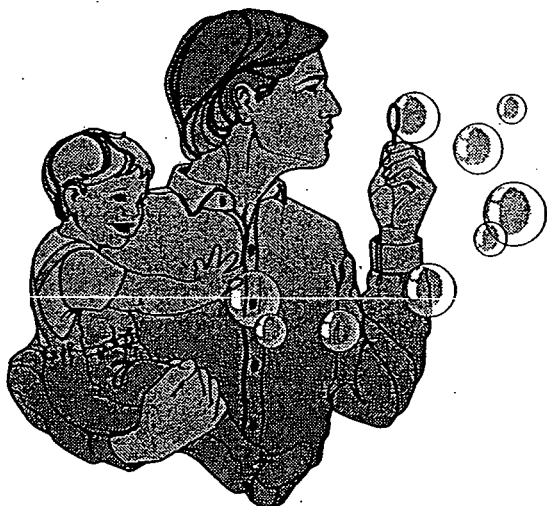
**Teaching Research Early Childhood and Training Department, Western Oregon University
(Team Member Rating)**

Tracking Child Progress	Learning Priority?	New Idea/Don't do	Know it	Try it	Use it	Teach it
Develop measurable goals and objectives						
Write appropriate descriptive instructional strategies into IFSP's						
Use a data system that is reflective of service provided						
Totals						

Transition	Learning Priority?	New Idea/Don't do	Know it	Try it	Use it	Teach it
Do active transition planning with receiving agency prior to the transition						
Have visits with sending and receiving agency with parent involvement prior to transition						
Conduct parent and provider evaluations of transitions on a regular basis						
Totals						

Partnering with Families who have Multiple Issues	Learning Priority?	New Idea/Don't do	Know it	Try it	Use it	Teach it
Take into account the impact of substance abuse, violence and mental illness when working with families						
Identify issues that are not within my skill level and refer to other agencies						
Utilize solution focused communication in my interaction with colleagues and families						
Totals						

Positive Touch	Learning Priority?	New Idea/Don't do	Know it	Try it	Use it	Teach it
Describe the benefits of touch to families						
Teach positive touch techniques to families						
Totals						



Supervisor Rating of Early Intervention Practices

**Family Consultant Training Project
Teaching Research Early Childhood & Training Dept.
Western Oregon University
345 N. Monmouth Avenue
Monmouth, OR 97361
(503) 838-8771**



**Teaching Research Early Childhood and Training Department, Western Oregon University
(Supervisor Form)**

This report is a way for your team to review your early intervention practices. It will also assist the FCT training team to modify training to fit the needs of your team and determine which training components are most useful to project participants.

Please **check whether each component (shaded boxes) is a learning priority for you. Then rate each item listed under the component** using the rating scale. An explanation of the rating scale follows.

Thank you for your input.

Rating Scale:

New Idea/ Don ' t do: I have not heard of this before. Or, I have heard about it but don ' t know much about it. Or, it may be something I ' ve heard of but we don ' t do it in this program.

Some Staff Know about or Do This: Some of the staff know about this but not in regular use in our program.

Some of Staff Try This: Not used as a regular practice by all staff.

Use it/Part of our System: We do this as a regular practice in our program.

Teach it: Staff are comfortable enough with this technique to demonstrate/explain it to families they work with and new staff.

Check the box at the top of each module if the area is a learning priority for your staff. Star it if you need technical assistance in this area.

**Teaching Research Early Childhood/ Training Department, Western Oregon University
(Supervisor Form)**

Name: _____ Site: _____ Date: _____

Family Centered Orientation	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Adapt services you provide to fit cultural needs and values of family						
Respond to parents requests to talk about issues not directly related to their child's intervention activities (feelings, relationships, reactions of others to their children, future concerns)						
Accept the values of families that are served even if they conflict with yours						
Make it a priority to create opportunities for extended family members and friends to be involved in child's intervention activities						
Support parents request to discontinue or reduce services						
Totals						

Communication with colleagues and families	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Use vocal cues and encouragers (um hum, then, so tell me, etc.)						
Accurately paraphrase main content of statement						
Pause before and after questions						
Use open ended questions to explore thoughts and feelings						
Summarize content and restate what you thought you heard						
Totals						

**Teaching Research Early Childhood /Training Department, Western Oregon University
(Supervisor Form)**

Collaboration and Teaming	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Identify task roles in team meetings						
Acknowledge and discuss conflicts in team meetings						
Use conflict resolution strategies to deal directly with issues						
Use teams mutual goals and common vision as a guide to problem solving						
Initiate and participate in cross training of co-workers, parents, other agencies						
Totals						

Assessment	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Use criterion referenced assessment						
Use criterion referenced assessment to develop IFSP						
Complete assessment in natural environment for child(home, daycare, etc.)						
Encourage parents to ask questions during the assessment						
Explain purpose, content and scoring of assessment to parents before administering						
Get information about parents values, opinions, etc. before offering suggestions						
Explain all concepts and terms that are specialized (i.e. gross motor, IFSP, etc.)						
Actively attempt to get parent input in the assessment process						
Review assessment results with parents						
Totals						

**Teaching Research Early Childhood / Training Department, Western Oregon University
(Supervisor Form)**

Individual Family Service Plans	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Encourage parents to guide the identification of intervention goals						
Emphasize to parents what their child can do rather than what they can't						
Work with parents to develop intervention strategies to accomplish goals developed for their children						
Use a mapping process to facilitate family guided IFSP's						
Goals on IFSP's match activities that take place during home visits						
Totals						

Intervention Techniques	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Encourage parent to contribute to each home visit agenda						
Have parents identify their role in the home visit process						
Be flexible in scheduling home visits						
Make it convenient and enjoyable for fathers to be involved in intervention activities						
Use toys and materials available in the home for intervention activities						
Encourage parents to suggest changes in the goals developed for their child						
Interaction between the parent and their child interaction play routines forms the base for intervention activities						
Tell the parents something positive about their child every visit						
Use strategies to increase positive parent child interaction						
Parent/child play rather than home visitor/child play is emphasized during home visits						
Totals						

**Teaching Research Early Childhood and Training Department, Western Oregon University
(Supervisor Form)**

Tracking Child Progress	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Develop measurable goals and objectives						
Write appropriate descriptive instructional strategies into IFSP's						
Use a data system that is reflective of service provided						
Totals						

Transition	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Do active transition planning with receiving agency prior to the transition						
Have joint visits between sending and receiving agency with parent involvement prior to transition						
Conduct parent and provider evaluations of transitions on a regular basis						
Totals						

Partnering with Families who have Multiple Issues	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Identify issues that are not within my skill level and refer to other agencies						
Utilize solution focused communication in my interaction with colleagues and families						
Totals						

Positive Touch	Learning Priority?	New Idea/Don't do	Know about it	Staff uses this	Part of System	Can Teach it
Describe the benefits of touch to families						
Teach positive touch techniques to families						
Totals						

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Rating of Early Intervention Practices Summary Form

Site: _____

Date: _____

Total # of staff: _____

Total # of supervisors: _____

Training Priority	ECT Objectives		Number of trainees					Learning priority
			New Idea/ Don't do	Know it	Try it	Use it	Teach it	
	Family Centered Orientation (Objective #2)	Participants						
		Supervisors						
	Communication with Colleagues and Families (Objective #3)	Participants						
		Supervisors						
	Collaboration and Teaming (Objective #4)	Participants						
		Supervisors						
	Assessment (Objective #5)	Participants						
		Supervisors						
	Individual Family Service Plans (Objective #6)	Participants						
		Supervisors						
	Intervention Techniques (Objective #7)	Participants						
		Supervisors						
	Transition (Objective #8)	Participants						
		Supervisors						

Rating of Early Intervention Practices Summary Form

Training Priority	ECT Objectives		Average Score					Learning priority
			New Idea/ Don't do	Know it	Try it	Use it	Teach it	
	Tracking Child Progress (Objective #9)	Participants						
		Supervisors						
	Partnering with Families who have Multiple Issues (Objective #10)	Participants						
		Supervisors						
	Positive Touch (Objective #11)	Participants						
		Supervisors						

Teaching Research Family Consultant Training – Home Visit Observation Form

Name: _____

Program: _____

Address: _____

Telephone: _____

Training Date: _____

Person conducting follow-up: _____



Participant/Agency Demographics:

Number of Families Served? _____ Number of infants & toddlers? _____

Number of children ages three to five? _____

Types of natural settings services are provided within: (circle all that apply)

home day care
extended family foster care
center-based / toddler groups other, indicate _____

Instructions for use:

The items listed on each page encompass key components of each section of FCT training. To determine where a participant or agency is functioning in the use of each item, it is recommended that a combination of observation in home settings, interview of parents and staff and review of paperwork be used. A sample of families seen by the agency or home visitor should be reviewed if possible. Progress notes should include what is present, what is still being worked on and plans for improvement, including technical assistance needs.

Family Consultant Training – Home Visit Observation Form **FAMILY CENTERED SERVICES**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Can describe cultural or familial preferences and how visiting techniques acknowledge these unique preferences (or use Cultural Checklist from manual) 			
<ul style="list-style-type: none"> Talk with parents about issues not directly related to child's intervention activities 			
<ul style="list-style-type: none"> Other family members are involved in child's intervention activities 			

Family Consultant Training – Home Visit Observation Form COMMUNICATION

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
• Use vocal cues and encouragers			
• Paraphrase main content of statements			
• Use open ended questions			
• Summarize content and restate what was heard.			

Family Consultant Training – Home Visit Observation Form ASSESSMENT

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Use of criterion referenced assessment (list) 			
<ul style="list-style-type: none"> Assessment is done in a team format rather than separate assessments and at least part of assessment in home unless parent request center based 			
<ul style="list-style-type: none"> Check child goals to see that they are related to assessment information 			
<ul style="list-style-type: none"> Parent is an integral part of assessment team; is asked to indicate level of involvement; assessment results are described in jargon-free manner; parent's feedback is incorporated into assessment results 			

Family Consultant Training – Home Visit Observation Form

TEAM COLLABORATION

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Team function activities (examples: regular meeting times, agendas, growth activities, identification of team roles) 			
<ul style="list-style-type: none"> Cross training of staff and other agencies 			
<ul style="list-style-type: none"> Use teams mutual goals and conflict resolution strategies to problem solve 			

Family Consultant Training – Home Visit Observation Form **FAMILY CENTERED PLANNING**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Use strategies that increase parent child interaction <ul style="list-style-type: none"> - Get family input on activities to work on - Have family members function as main teacher rather than the home visitor 			
<ul style="list-style-type: none"> Use ECO Map or interview process to get to know family 			
<ul style="list-style-type: none"> Use of MAPS for IFSPs or family plans (interview and review any that have been done) <ul style="list-style-type: none"> Child or family description <ul style="list-style-type: none"> - Family dreams for child - Family concerns for child - Family priorities for child - Finished plan is related to MAPS information 			
<ul style="list-style-type: none"> Family plan includes the following <ul style="list-style-type: none"> - Plan emphasizes family and child strengths - Plan is family focused included jargon-free language, non-judgmental, family is listed as team member - Outcomes are listed that are developmentally appropriate, measurable, observable and have a specified criteria for completion 			
<ul style="list-style-type: none"> Goals on the family plan match the activities taking place in the home setting 			

Family Consultant Training – Home Visit Observation Form **ROUTINE BASED INTERVENTION**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Encourage parent to contribute to agenda and suggest changes – support involvement of all family members through flexible scheduling 			
<ul style="list-style-type: none"> Have parents identify their role in the home visit process (ask them or see if they use the parent level of interaction checklist from manual) 			
<ul style="list-style-type: none"> At least one skill is built into a routine 			
<ul style="list-style-type: none"> Parent/child play and routines rather than home visitor/child play is emphasized during home visits 			
<ul style="list-style-type: none"> Use toys and materials available in the home or have a materials checkout system 			
<ul style="list-style-type: none"> Look for and comment on “sparks” or positive aspects of the parent child relationship 			

Family Consultant Training – Home Visit Observation Form **TRANSITION**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Transition policy is established and known by both staff and parents 			
<ul style="list-style-type: none"> Sending/receiving programs have been identified 			
<ul style="list-style-type: none"> Interagency agreements been signed and are in effect with each program 			
<ul style="list-style-type: none"> Full participation by parents and staff of sending/receiving program 			
<ul style="list-style-type: none"> A written transition plan has been developed and includes: <ul style="list-style-type: none"> - task list for entering/exiting - timelines for the year - responsibilities for tasks assigned 			

Family Consultant Training – Home Visit Observation Form **DATA COLLECTION**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Data is collected to monitor child progress at least monthly 			
<ul style="list-style-type: none"> Changes in activities are made based on progress or lack of progress towards goals 			
<ul style="list-style-type: none"> Goals and objectives are measurable and data collection reflects the service being delivered. 			

Family Consultant Training – Home Visit Observation Form **POSITIVE TOUCH**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> Can describe use of positive touch with families 			
<ul style="list-style-type: none"> Can demonstrate basic strokes for positive touch strategies 			
<ul style="list-style-type: none"> Positive touch activities are built into daily routines for families 			

Family Consultant Training – Home Visit Observation Form **FAMILIES WITH MULTIPLE ISSUES**

Strategies:	Don't do or do rarely Date:	Do sometimes (less than 50% of time) Date:	Usually do (more than 50% of time) Date:
<ul style="list-style-type: none"> There is a match between family function and type of intervention provided (see house activity) 			
<ul style="list-style-type: none"> Can describe how boundary information is used with specific families or in other work situations 			
<ul style="list-style-type: none"> Can describe examples of solution focused questioning and results with families 			
<ul style="list-style-type: none"> Can identify issues outside of expertise and identify who to refer to and how to go about the referral process 			

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Family Consultant Follow-Up Form

Training Objective	Criteria/ Instrument	Progress Notes	Timeline	Degree of Implementation	Obj. Met Yes/No
1. Trainee will impact on program=s family centered focus.	Brass Tacks Parent Interview	Make an observation checklist from Brass Tacks, etc., to look at home visit on video. Videotape of home visit - Michael Trout Paper	V VII levels of family	involvement	
2. Trainee will utilize effective communication techniques.	conflict list communication T lists				
3. Trainee will impact on multidisciplinary team=s collaboration.	Parent interview on how team works Brass Tacks Discrepancy need to look at areas of importance, i.e., what is going on				
4. Trainee will utilize appropriate assessment tools for determining functional IFSP goals.	CBA instrument timely interview Parent interview--is your child	T list of appropriate instruments learning important things. Did you participate	in planning		
5. Trainee will demonstrate ability to develop an appropriate IFSP.	IFSP checklist Parent interview				
6. Trainee will effectively assist families to incorporate IFSP goals into family routines.	Parent video parent interviews parent levels of involvement samples				
7. Trainee will utilize appropriate data collection systems to monitor child/family progress.	Appropriate type of data changes are made based on data				

Degree of Implementation:

- 0 = No Implementation
 1 = Implementation begun on >50% of objectives
 2 = Implementation begun on < 50% of objectives
 3 = Full Implementation in progress
 4 = Objectives met for all attempted

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APPENDIX D

Summary of Participant Training Data and Feedback

SUMMARY OF TRAINING COMPONENTS FAMILY CONSULTANT TRAINING

Sites Included:

- ✿ Lewiston, Idaho: Syringa Hospital, AFC Service Coord Agency, Idaho Infant Toddler Program, Goodwill Case Mgmt., Public Health 0-3, Opportunities Unlimited, and Gntman Med Center.
- ✿ Bayview, Idaho: Idaho Infant Toddler Program.
- ✿ Albany, OR: Albany Healthy Start, Public Health, and Even Start.
- ✿ Fairbanks, AK: Golden Heart Head Start, Healthy Families 0-3, Project TEACH, Tanana Chiefs Infant Learning, and Fairbanks Nature Association.
- ✿ Medford/Cave Junction, OR: Medford Early Head Start, Medford EI Program,

Number of Participants: 90

Number of Children and Families Served: 923

TOTALS	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue
Number attempting/	75/90	53/90	35/90	64/90	64/90	43/90	40/90	60/90	46/90
Number possible	83%	59%	39%	71%	71%	48%	44%	67%	51%
Number completing attempted modules successfully	75/75	53/53	35/35	64/64	64/64	43/43	40/40	60/60	46/46
	100%	100%	90%	100%	100%	100%	100%	100%	100%
Total Attempted /Total completed successfully	480/480								
	100%								
Total Attempted/ Total Possible	480/871								
	55%								

Family Consultant Training Feedback Through 1999

	Plan to Implement	Need More Practice	Doing	Won't Implement
Family Systems	91/215 88%	23/215 11%	18/215 8%	6/215 3%
Comm. Strat.	219/231 95%	21/231 10%	11/231 5%	1/231 .05%
Team	143/159 90%	30/159 18%	15/159 9%	1/159 .05%
Funct. Assess	110/132 83%	13/132 1%	4/132 3%	18/132 17%
MAPS	148/159 93%	13/159 8%	8/159 5%	3/159 2%
Curric.	83/99 84%	12/99 12%	10/99 10%	6/99 6%
Routine	123/196 63%	28/196 14%	18/196 10%	5/196 3%
Parent/Child	133/136 98%	6/136 4%	3/136 2%	0/136 0%
Trans	63/70 90%	0/90 0%	2/90 2%	5/90 5%
Multiple Issue	240/240 100%	89/240 37%	2/240 1%	0/240 0%
Pos. Touch	413/413 100%	1/413 .02%	2/413 .04%	0/413 0%
TOTALS	1766/3101 57%	236/3101 8%	93/3101 3%	45/3101 1%

Training Summaries for FCT Project Medford Early Intervention Program May 27, 28, 99

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Ann Batzur Family Consult	X					X	X		X	
Dawn Fallon Family Consult	X					X	X		X	
Linda Whorton Family Consult	X					X	X		X	
Sue Jacobson Family Consult	X					X	X		X	
Denise Morland Family Consult	X					X	X		X	
Marianne Reed Family Consult	X					X	X		X	
May Scotese Chavey Speech Therapist	X					X	X		X	
Shirley Stinson EI Supervisor	X					X	X		X	
Rita Larson Speech Path.	X					X	X		X	

Family Consultant Training Summaries Medford Early Head Start/Cave Junction 10/96, 5/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Pamela Graham Keyer Child Fam. Spec.	X	X	X	X	X	X	X	X		
Charlene Gilkey Family Services Supervisor	X	X	X	X	X	X	X	X		
Blair Johnson EHS Project Coord.	X	X	X	X	X	X				
Jane Bern Dis. Coord.	X	X	X	X	X	X				
Lulu Knutson EHS Bilingual Family Spec.	X	X	X	X	X	X	X	X		
Susan Bray Infant Todd. Spec.	X	X	X	X	X	X	X	X		
Sandra Graham Child Family Spec.	X	X	X	X	X	X				
Leslie Ann Carson Child/Family Spec.	X	X	X	X	X					
Michelle Romero Bilingual Family Spec.	X	X	X	X	X	X	X	X		

Family Consultant Training Summaries Medford Early Head Start/Cave Junction

10/96, 5/97

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Sheila Zia Family Consultant	X	X	X	X	X	X	X	X		
Nancy Nordyke Disabilities Coord.	X	X	X	X	X	X	X	X		
Eileen Micke Johnson Toddler Consult	X	X	X	X	X					
Karen Lundgren Disabilities Super.	X	X	X	X	X	X	X	X		
Pam White Infant Spec.	X	X	X	X	X	X	X	X		
Sue McNalley Child/Fam. Spec.	X	X	X	X	X					
Pamela Jackson Child Fam. Spec.						X	X	X		
Mary Black Child Fam. Spec.	X	X	X	X	X					
Lauren Bell Medical Super.	X	X	X	X	X					

Family Consultant Training Summaries Albany Healthy Start Albany, Oregon 3/2/99, 4/6/99, 9/200

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Abby Terris Parent Educator	X			X	X					
Amy Loaiza Parent Educator	X			X	X					
Joy Loaiza Parent Educator	X			X	X					
Vicki Nolen Parent Educator	X			X	X					
Margaret Sainen Fam. Support Worker	X			X	X					
Mavis Saleen Med. Asst.				X	X					
Norma O'Mara Public Health Nurse				X	X		X	X		
Cecilia Watt Fam. Support Worker				X	X		X	X		
Debbie Ceckie Public H3ealth Nurse	X			X	X		X	X		

Family Consultant Training Summaries Fairbanks, Alaska May 97, Sept 98
Early Intervention Program Tribal Head Start Golden Heart Head Start

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Alice Ayles Home visitor	X	X	X	X	X	X	X	X	X	
Charlo HeKimber Occupational Therapist	X	X	X	X	X	X	X	X	X	
Jennifer Roberts Physical Therapist	X	X	X	X	X	X	X	X	X	
Sarah Mecham EI Spec.	X	X	X	X	X	X	X	X	X	
Peggy O'Neal Teach. Director	X	X	X	X	X	X	X	X	X	
Kathy Lambert Occupational Therapist	X	X	X	X	X	X	X	X	X	
Susan Kessler Intake Coordinator	X	X	X	X	X	X	X	X	X	

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Julie Wild Currey Program Mgr.	X	X	X	X	X	X	X	X	X	
Heather Abel Program ??	X	X	X	X	X	X	X	X	X	
Kristen brooks EI Spec.	X	X	X	X	X	X	X	X	X	
Veleta Murphy EI Coord	X	X	X	X	X	X	X	X	X	
Genny Shengin EI Spec.	X	X	X	X	X	X	X	X	X	
Christina Schneider EI Spec.	X	X	X	X	X	X	X	X	X	
Amy Anderson EI Specialist	X	X	X	X	X	X	X	X	X	
Kathy Harbison Home visitor	X	X	X	X	X	X	X	X	X	
Marie Whittaker Home visitor	X	X	X	X	X	X	X	X	X	

Training Summaries for FCT Project Lewiston Idaho Lewiston Early Intervention, Health Department, Nez Perz Head Start,
 Opportunities Unlimited, Adult and Family Services, Health and Welfare October 1999

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Jeanne Prine Social Worker								X	X	
Renee Walter Social Worker								X	X	
Doug Brinkerhoff DD Spec.								X	X	
Shirley O' Donnel Dev. Spec.								X	X	
Corinna Anderson Dev. Spec.								X	X	
Jen Overholt Service Coord.								X	X	
Rita Carter Case mgr.								X	X	
Dawn Hageiman Student								X	X	
Dot McCulley Service Coord.								X	X	

Training Summaries for FCT Project Bayview, Idaho Bayview Early Intervention Program November 1999

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
David Posner Supervisor	X	X		X	X			X		
Susan Hanson EI Spec.	X	X		X	X			X		
Wendy Hallen EI Spec.	X	X		X	X			X		
Jim McMillan EI Spec.	X	X		X	X			X		
Karen Desimmone EI Consult	X	X		X	X			X		
Chris Fehr Speech Path	X	X		X	X			X		
Casey Mack Phys. Therapist	X	X		X	X			X		
Jackie Beery Social Worker	X	X		X	X			X		
Marcia Remos Therapy Tech.	X	X		X	X			X		
Karen Scott Therapy Tech.	X	X		X	X			X		
Paul Nostog Social Worker	X	X		X	X			X		

Training Summaries for FCT Project Bayview, Idaho Bayview Early Intervention Program November 1999

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Nancy Sater Child Dev. Spec.	X	X		X	X			X		
Melinda Reed Child Dev. Spec.	X	X		X	X			X		
Jody Beck Child Dev. Spec.										
Lorena Freund Health Welfare Spec.	X	X		X	X			X		
Donna Bodkin CD Spec.	X	X		X	X			X		
Gayle Dohman OT	X	X		X	X			X		
Jean Gerter Speech Path.	X	X		X	X			X		
Stacey Bell EI Consult	X	X		X	X			X		
Wanda Coulis Service Coord.	X	X		X	X			X		

Name Job Date	Family	Team	Assess	Comm	MAPS	Routine	Parent Child	Positive Touch	Multi Issue	Trans
Claire Niedermeyer Family Consult	X					X	X		X	
Jennifer Northoiet EI Spec.	X					X	X		X	
Jodi Paquin EI Spec.	X					X	X		X	
Elizabeth Rooney COTA	X					X	X		X	
Barbara Geoffin EI Spec	X					X	X		X	

APPENDIX E

Summary of Follow-up Data for Sites Trained

Objective	Present	Criterion
Family	6/6 100%	6/6 100%
Team	7/7 100%	6/6 100%
Assessment	6/6 100%	7/7 100%
Communication	5/5 100%	4/5 80%
MAPS	6/7 86%	6/7 86%
Routines	6/7 86%	3/7 22%
Parent Child	5/5 100%	4/5 80%
Positive Touch	5/5 100%	5/5 100%
Multi Issue	3/3 100%	2/3 66%
Trans	4/4 100%	4/4 100%

Summary of Followup Technical Assistance Provided to Training Teams
For Family Consultant Training Grant through September 2,000

FCT Implementation Summary – Fairbanks, Alaska

Objective	Accomplished	In Progress
Family Centered Focus for program	-build in a feedback loop using parents and staff to measure quality of program	Developing parent/home visitors responsibility guide
Use of Communication Techniques	-working on being honest in meetings; developing proactive rather than reactive solutions to problems	-are just starting to keep minutes in meetings; use a timekeeper, structure agenda items
Collaboration with team and other agencies	-had collaboration meetings with other early childhood agencies to streamline service entry -worked with other agencies to develop a screening brochure	-working on developing procedures for abuse reporting with protective services
Use of family centered assessment		-have reviewed several items but have not decided on an assessment package yet
Use of MAPS process for program plans; IDEA acceptable IFSP's	Sample of IFSP's reviewed indicated that all sections are at a quality level except the use of measureable criteria; criteria will be worked on this year.	-are planning to add MAPS to their process
Use of routine based intervention		Are just beginning to discuss this; it is not something they have done in the past
Tracking progress	Revise IFSP's at 6 months and one year;	Would like help in better implementing this component
Transition	Met with school system to refine transition process	

Medford Oregon Implementation

Objective	Accomplished	In Progress
Family Centered Focus for program	<ul style="list-style-type: none"> -use assessments in planning with families -respect family choices/values -parent meetings with speakers for education and support -use parent satisfaction survey -more participation by fathers -availability of sibling group parents vote on policies 	
Use of Communication Techniques	<ul style="list-style-type: none"> -develop genuine trusting relationships -honor parents by listening -be flexible -get parent input/concerns -be supportive, not forceful -model partnerships and communicate rationale -check-in with parents "how is this going?" 	
Collaboration with team and other agencies		<ul style="list-style-type: none"> -encourage families to have primary provider -work with other agencies to meet infants' health needs -more interaction with OT and SLP during home visits -time to address support/supervision of staff
Use of family centered assessment	<ul style="list-style-type: none"> -AEPS conducted and used by staff with parents -flow chart developed to clarify "user friendly" results to parents assessment used as a continuous process- not a one time event -practice observation skills -interpret parent-infant interactions 	
Use of MAPS process for program plans; IDEA acceptable IFSPs	Family partnerships emphasize strengths and focus on functional outcomes services listed and described	Use measurable criteria
Use of routine based intervention	<p>Help families embrace routines and schedules for predictability.</p> <p>Give families more info about learning that takes place in caregiving routines.</p> <p>Follow child's lead.</p> <p>Look at routines within activities of centers.</p> <p>Respect families' was to build routines.</p>	
Tracking progress	Are using AEPs for their at risk children, but are looking into more frequent observations.	
Transition	Done with the collaboration of Head Start for 3-5 year olds.	
Positive touch	More than ½ using positive touch with families.	

Medford Oregon Implementation

Objective	Accomplished	In Progress
Family Centered Focus for program	<ul style="list-style-type: none"> -use assessments in planning with families -respect family choices/values -parent meetings with speakers for education and support -use parent satisfaction survey -more participation by fathers -availability of sibling group parents vote on policies 	
Use of Communication Techniques	<ul style="list-style-type: none"> -develop genuine trusting relationships -honor parents by listening -be flexible -get parent input/concerns -be supportive, not forceful -model partnerships and communicate rationale -check-in with parents "how is this going?" 	
Collaboration with team and other agencies		<ul style="list-style-type: none"> -encourage families to have primary provider -work with other agencies to meet infants' health needs -more interaction with OT and SLP during home visits -time to address support/supervision of staff
Use of family centered assessment	<ul style="list-style-type: none"> -AEPS conducted and used by staff with parents -flow chart developed to clarify "user friendly" results to parents assessment used as a continuous process- not a one time event -practice observation skills -interpret parent-infant interactions 	
Use of MAPS process for program plans; IDEA acceptable IFSPs	Family partnerships emphasize strengths and focus on functional outcomes services listed and described	Use measurable criteria
Use of routine based intervention	<p>Help families embrace routines and schedules for predictability.</p> <p>Give families more info about learning that takes place in caregiving routines.</p> <p>Follow child's lead.</p> <p>Look at routines within activities of centers.</p> <p>Respect families' was to build routines.</p>	
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Medford Oregon Implementation

Objective	Accomplished	In Progress
Family Centered Focus for program	<ul style="list-style-type: none"> -use assessments in planning with families -respect family choices/values -parent meetings with speakers for education and support -use parent satisfaction survey -more participation by fathers -availability of sibling group parents vote on policies 	
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Collaboration with team and other agencies		<ul style="list-style-type: none"> -encourage families to have primary provider -work with other agencies to meet infants' health needs -more interaction with OT and SLP during home visits -time to address support/supervision of staff
Use of family centered assessment	<ul style="list-style-type: none"> -AEPS conducted and used by staff with parents -flow chart developed to clarify "user friendly" results to parents assessment used as a continuous process- not a one time event -practice observation skills -interpret parent-infant interactions 	
Use of MAPS process for program plans; IDEA acceptable IFSPs	Family partnerships emphasize strengths and focus on functional outcomes services listed and described	Use measurable criteria
Use of routine based intervention	<p>Help families embrace routines and schedules for predictability.</p> <p>Give families more info about learning that takes place in caregiving routines.</p> <p>Follow child's lead.</p> <p>Look at routines within activities of centers.</p> <p>Respect families' was to build routines.</p>	
Tracking progress	Are using AEPs for their at risk children, but are looking into more frequent observations.	
Transition	Done with the collaboration of Head Start for 3-5 year olds.	
Positive touch	More than ½ using positive touch with families.	

APPENDIX F

Trainer Training Materials - Sample

Project FCT Trainer Training

Outcome: Participant will be able to conduct training in the components of Project FCT.

Objective	Activity	Evaluation
1. Participant will demonstrate knowledge of key Project FCT practices that are based on a family centered philosophy.	<p>1.1 Participate in a discussion of key Project FCT practices and philosophy.</p> <p>1.2 Participate in the Family Centered activity.</p> <p>1.3 Participate in the Team activity.</p> <p>1.4 Participate in the Challenge Bowl activity for functional assessment and routine based intervention components.</p>	1.1.1-1.4.1 Participate in the discussion and activities.
2. Participant will demonstrate knowledge of effective training practices and procedures.	<p>2.1 Pre-training, read the article <i>Elements of Quality Staff Development</i>.</p> <p>2.2 Participate in a discussion on current effective practices in the training field.</p> <p>2.3 Participate in a discussion on the key components of the Teaching Research Inservice Model.</p> <p>2.4 Participate in Effective Practices Puzzle activity.</p> <p>2.5 In small groups, complete a card activity that correctly categorizes outcome statements, objectives, activities, and evaluation measures.</p>	<p>2.1.1-2.2.1 Score 8/10 or 80% correct on the Effective Training Practices Quiz.</p> <p>2.3.1-2.5.1 Correctly place 4/5 or 80% of the statement on the cards in the appropriate category.</p>
3. Participant will demonstrate knowledge of adult learner characteristics.	<p>3.1 Identify characteristics of the adult learner by participating in a card activity.</p> <p>3.2 Participate in a discussion to expand and clarify adult learner characteristics identified during the card activity.</p> <p>3.3 Participate in the "Everyone Brings Something to the Table" activity.</p>	3.1.1-3.4.1 Score 8/10 or 80% on the Adult Learner Quiz.

Objective	Activity	Evaluation
	3.4 As homework, read <i>Core Project Strand One</i> and <i>30 Things We Know For Sure About Adult Learners</i> .	
4. Participant will demonstrate presentation techniques.	<p>4.1 Participate in discussion on Presentation Skills.</p> <p>4.2. In partners, review one chapter of the CORE handbook and present content to the large group.</p> <p>4.3 Participate as partners present CORE information.</p> <p>4.4 Small groups present one activity/lecture from the FCT base module materials after review (see 6.1).</p>	<p>4.1.1 Participate in discussion.</p> <p>4.2.1 Partners will score 80% on the Presentation Checklist.</p> <p>4.3.1 Participate in discussions.</p> <p>4.4.1 Groups will score 80% on the Presentation Checklist</p>
5. Participant will be able to assess training needs and complete the site guided initial plan for delivery of FCT.	<p>5.1 Participate in a discussion on needs assessment and how to go about developing an individualized training plan.</p> <p>5.2 In small groups review sample needs assessments and develop a training plan.</p>	<p>5.1.1- 5.2.1 Trainee will develop a training plan from sample needs assessments, identify objectives, and make modifications to activities as necessary with 80 % accuracy on the delivery plan checklist.</p>
6. Participant will be familiar with the content, materials and activities of Project FCT base training and modules.	<p>6.1 Small groups review portions of the FCT base module materials.</p> <p>6.2 Small group members choose one discussion/activity and present it to the large group.</p> <p>6.3 Individually review modules materials.</p>	<p>6.1.1 Complete the review form.</p> <p>6.2.1 Score 80% on the Presentation Checklist (see 4.4.1).</p> <p>6.3.1 Participate in review of modules materials.</p>
7. Participant will demonstrate the ability to develop post training technical assistance activities that may include ongoing assessment and training.	<p>7.1 Participate in a discussion on follow-up as a technical assistance and evaluation tool.</p> <p>7.2 In small groups, develop technical assistance activities based on the training plan developed as part of Objective 5.</p>	<p>7.1.1-7.2.1 Score 4/5 or 80/5 on the Technical Assistance Checklist.</p>
8. Participant will demonstrate knowledge of FCT training expectations and reporting procedures.	<p>8.1 Participate in a discussion on FCT training expectations.</p> <p>8.2 Participate in a discussion on reporting procedures.</p>	<p>8.1.1-8.2.1 Report demographic, training, and follow-up technical assistance data after conducting training sessions.</p>

Teaching Research
Family Consultant Trainer Training

1	Introduction
2	FCT Philosophy
3	Effective Practices
4	Adult Learner
5	Presentation Skills
6	Assessing Training Needs
7	FCT Content
8	Follow-up Support
9	Training Expectations
10	Blank Form & Resources

Family Consultant Training: Trainer Training
Lecture: Presentation Delivery Skills

TRAINER INFORMATION

- Objective:** Participant will demonstrate skill in presenting.
- Materials:** Core Handbook for each participant
Five activity cards and 8 corresponding overheads
Blank overheads and pens
Presentation Evaluation
Overheads 1-3
- Amount of time:** 2 hours 15 minutes total
25 minutes to review Presentation Evaluation
30 minutes to prepare for presentations
1 hour 20 minutes for presentations
- Evaluation:** Groups will score 80% of the applicable items on the Presentation Evaluation at adequate or above.
- Suggested Readings on Subject:** Core Handbook

I. Introduction

- A. During the next couple of hours we are going to focus attention on presentation and related skills.
- B. We will first review some introductory information on presenting. Then we will give each of you opportunities to present in small groups and learn more in-depth information about presenting to groups.
- C. We have built this into this trainer training module because being comfortable with presenting is an essential part of providing training. Although it is essential, many people struggle with addressing groups in a presentation format.
- D. *Review of format.* After we have reviewed some information on presentation skill via reviewing an observation form that will be used to provide feedback about later presentations, we will divide into small groups, read written information on selected presentation topics and then those small groups will present the information back to the rest of the group. This approach has been called "jig-sawing." This refers to each small group becoming an expert on "one piece" of the "puzzle" and bringing that information back to the rest of the group. I will explain how this is going to work in more detail later.

II. Introductory Information on Presentation Skills

- A. *Have participants think of a presenter that was particularly effective in capturing their attention and delivering an entertaining presentation. Have three or four participants share a characteristic or skill that this presenter had.*
- B. *Review each of the following items from the Presentation Evaluation*

OVERHEAD #1 Presentation Evaluation
--

1. Well prepared and materials organized

Presenters need to know the material they are presenting. Take the time to be familiar with the content that will be presented. Have needed materials organized so you will not be fumbling around trying to find the right overhead or other material.

2. Followed outline or presented in logical order

Organize the material so that it is presented in a logical order. The information is easier for audience members to follow if there is a sequence or order. Developing an outline of the content is helpful in organizing the presentation.

3. Stated activity/discussion purpose and expectations in the introduction

Adult learners respond better when expectations are known and when information is relevant and meaningful to them. Begin a presentation by reviewing the purpose and stating what is expected of participants. All that is needed is a brief statement such as "Using indirect language stimulation is an important strategy for working with young children. We are going to watch a video demonstration and then practice one of the strategies with a partner."

4. Covered key content

For the small group presentation today the key content will be outlined for you. When you are planning your own presentations in the future it is important to determine what the key content that you feel is essential to cover and what supporting information you can be flexible with and skim or omit if time runs out.

5. Probed to determine if participants understood concepts

It is helpful to periodically probe participants to assess their understanding. This can be done by asking a question regarding content or simply asking if participants are comfortable with their understanding.

6. Used examples to clarify concepts

Relating content to real-life experiences through examples is an effective way to clarify new concepts.

7. Used questions to stimulate discussion

Using an open-ended question can generate discussion. Examples: "How might you apply this to your setting?" or "What problems might arise if you implemented this in your program?"

<p>OVERHEAD #2 Presentation Evaluation</p>
--

8. Stayed on task

It is easy sometimes to stray from the prescribed content of the discussion, especially when participants ask questions. If the information requested will be covered later, you can ask them to hold the question. If not, briefly respond to the question and then return to the task at hand.

9. Stayed within time limits

10. Used visuals effectively

Visuals should add to the presentation not distract. Position yourself so the participants can see you and the visual easily. Maintain contact with participants by facing them versus turning your back on them. Summarize information on the visual but do not read it to the participants.

11. Effectively used positioning, movement, and gestures

Position yourself so that you can maintain contact with your participants as well as reference your visuals. One suggestion is standing at a 45° angle between participants and your visuals. Standing to the participants' left (left of screen or visual in reference to the participant) is also suggested by many presenters. Fidgeting distracts from a presentation where strong intentional gestures can add to a presentation and be used to emphasize key points.

12. Established eye contact with participants

Effective presenters look at people. Eye contact is critical to the communication process and the more eye contact you make with people the more involved in the presentation they will feel.

13. Effectively addressed questions during the discussion

Answer questions in a clear and concise manner. Be honest in answering questions. If you don't know the answer, tell them and offer to find the answer and get back to them.

14. Incorporated demonstration

Demonstrating a concept or skill will increase participant retention so whenever appropriate build a demonstration into your presentation.

15. Related concepts to participants' past experiences

Remember that adults learn best when new or complicated information can be related to their past experiences.

- C. *Show trainees the copy of the Presentation Evaluation and ask participants if there are questions or comments on the Presentation Evaluation.*

<p>OVERHEAD #3 Presentation Evaluation Form</p>

III. Small Group Presentations

A. *Dividing into groups*

1. *Divide the group into five small groups keeping training partners together.*
2. *Give each group an activity card and overheads. (Have the largest group do Strand 9: Evaluation. It covers the most information.)*
3. *Review the information on the cards pointing out the suggested times.*

B. *Preparing for presentations*

1. *Allow groups to begin reading.*
2. *After 10 minutes prompt groups to move on to the planning phase.*
3. *Keep time for the groups. Let them know when ½ of the preparation time has passed and give them another warning toward the end of the time.*

C. *Presentations*

Each group will present for 15 minutes. Summarize at the end of each presentation and

introduce the next group. Remember you are completing an evaluation on each group. Hand out evaluations after the last presentation and allow time to review and ask for questions or comments.

IV. Summary

- A. During this section we have discussed some of the basic skills necessary for effective presentations. You have also been given an opportunity to practice using some of these skills. Later in the training you will be given another chance to present.

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April 26, 2000

Presentation Evaluation

- ☒ **Well prepared and materials organized**
- ☒ **Followed outline or presented in logical order**
- ☒ **Stated activity/discussion purpose and expectations in the introduction**
- ☒ **Covered key content**
- ☒ **Probed to determine if participants understood concepts**
- ☒ **Used examples to clarify concepts**
- ☒ **Used questions to stimulate discussion**
- ☒ **Stayed on task**



Teaching Research Models

Oct98-8.cdr

Presentation Evaluation

- ☒ **Stayed within time limits**
- ☒ **Used visuals effectively**
- ☒ **Effectively used positioning, movement, and gestures**
- ☒ **Established eye contact with participants**
- ☒ **Effectively addressed questions during the discussion**
- ☒ **Incorporated demonstration**
- ☒ **Related concepts to participants past experiences**



Group Members: _____

Topic/Activity: _____

Date: _____

Evaluation of Presentation	Excellent	Adequate	Needs Improvement	N/A
1. Well prepared and materials organized				
2. Followed outline or presented in logical order				
3. Stated activity/discussion purpose and expectations in the introduction				
4. Covered key content				
5. Probed to determine if participants understood concepts				
6. Used examples to clarify concepts				
7. Used questions to stimulate discussion				
8. Stayed on task				
9. Stayed within time limits				
10. Used visuals to effectively				
11. Effectively used positioning, movement, and gestures				
12. Established eye contact with participants				
13. Effectively addressed questions during the discussion				
14. Incorporated demonstration				
15. Related concepts to participants past experiences				
Criteria = 80% of applicable items adequate or above Score: / _____ = _____ Total				

Feedback:

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Presentation Evaluation

- ☐ Well prepared and materials organized
- ☐ Followed outline or presented in logical order
- ☐ Stated activity/discussion purpose and expectations in the introduction
- ☐ Covered key content
- ☐ Probed to determine if participants understood concepts
- ☐ Used examples to clarify concepts
- ☐ Used questions to stimulate discussion
- ☐ Stayed on task
- ☐ Stayed within time limits
- ☐ Used visuals effectively
- ☐ Effectively used positioning, movement, and gestures
- ☐ Established eye contact with participants
- ☐ Effectively addressed questions during the discussion
- ☐ Incorporated demonstration
- ☐ Related concepts to participants' past experiences

Small Group Presentations**■ Strand 5: Using Visuals**

- Considerations for developing good visuals
 - Lettering
 - Design
 - Variety
 - Handouts
- Prior preparation when using visuals
- Using Audiovisual equipment during your training
 - Overhead projectors
 - Chalkboards, dry-erase boards, and flip charts
 - Films and videos
- Using Visuals Checklist

■ Strand 6: Involving Participants

- Introductory information about the importance of participation
- Levels of participant involvement
 - Level of participation in regard to retention

- Level of participation in regard to expected outcome

- Getting started or introduction activities
- Strategies for using questioning to stimulate discussion
- Strategies for forming small groups

▣ **Strand 7: Handling Questions and Answers**

- Planning and managing a question and answer period
- Setting the stage for questions
- What to do when you do not know the answer to a question
- Strategies for handling inappropriate questions

▣ **Strand 8: Handling Difficult Situations**

- Self-awareness in difficult situations
- Audience analysis
 - Before training
 - During training
- Ongoing audience assessment

- Heated discussions
- Lack of discussion
- Discussions that go on too long

- What to do when you make a mistake
- Handling difficult people

☐ Strand 9: Evaluation Strategies

- Introductory information
 - The importance of evaluation
 - Evaluation during and after training
- Determining if you accomplished your goals
 - Evaluating progress during training
 - Evaluating progress after training
- Selecting strategies that match your outcomes
- Providing feedback
- Managing paper work
- The importance of post training support

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APPENDIX G

Summary of Trainer Training Data and Feedback

SUMMARY OF TRAINER TRAINING COMPONENTS FOR FCT OUTREACH PROJECT

Sites Included: Medford, OR and Arcata, CA

Number of Participants: 19

Number of Children/Families Served: 128

Totals	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Reg.
N=19	19/19 100%	19/19 100%	19/19 100%	19/19 100%	19/19 100%	19/19 100%	19/19 100%	19/19 100%
Total Objectives Completed	152/152 100%							

Site: Arcata, CA

Family Consultant Trainer Training
June 13,14, 2000
Early Head Start/ Mental Health Program

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Exp.
Charlene Blackburn Resource & Referral Coordinator	X	X	X	X	X	X	X	X
Sarah Campbell Program Coordinator	X	X	X	X	X	X	X	X
Sarina Markuson Child Dev. Spec.	X	X	X	X	X	X	X	X
Theresea McQuilen Child Dev. Spec.	X	X	X	X	X	X	X	X

Family Consultant Trainer Training
Medford Oregon Southern Oregon Early Head Start May 3-5, 2000

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Exp.
Cynthia Vialparido Nutrition Clerk	X	X	X	X	X	X	X	X
Katherine Clayton Family Specialist	X	X	X	X	X	X	X	X
Eileen Mickey Johnson Early Childhood Con.	X	X	X	X	X	X	X	X
Susan McNally Center Supervisor	X	X	X	X	X	X	X	X
Kathy Brown Childcare Asst.	X	X	X	X	X	X	X	X
Rebecca Neal Center Clerk	X	X	X	X	X	X	X	X
Kristin Van Stratene Family Spec.	X	X	X	X	X	X	X	X
Susan Vray Program Supervisor	X	X	X	X	X	X	X	X
Lulu Delisle Bilingual Family Spec.	X	X	X	X	X	X	X	X

Family Consultant Trainer Training
Medford Oregon Southern Oregon Early Head Start May 3-5, 2000

Name Job Date	Philosophy	Practice	Adult Learning	Present	Assess	Content	Follow Supp.	Training Exp..
Carl Dickson Child Dev. Spec.	X	X	X	X	X	X	X	X
Dawn Stanfield Child Care Asst.	X	XX	X	X	X	X	X	X
Lori Jo Larson Child Care Asst.	X	X	X	X	X	X	X	X
Julie Farrow Nutrition Supervisor	X	X	X	X	X	X	X	X
Shannon Wolff Primary Teacher	X	X	X	X	X	X	X	X
Talley Dimm Program Coordinator	X	X	X	X	X	X	X	X
Lauren Bell Center Supervisor	X	X	X	X	X	X	X	X
Katie Pariera Center Asst.	X	X	X	X	X	X	X	X
Nancy Seward Early Childhood Educator	X	X	X	X	X	X	X	X



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